



Payment Agreement for _____ Family

Student and Grade: _____ Student and Grade: _____
Student and Grade: _____ Student and Grade: _____
Student and Grade: _____ Student and Grade: _____

In order to assist our families in paying for a private education for their students, the Triad School Board has approved the following payment options for tuition and registration. Please select the payment plan you wish to follow beginning June 2019 or at enrollment. This Tuition Agreement will stay in effect until your family notifies Triad (in writing) that you're not returning or until graduation.

- Tuition and Registration Paid in Full by Check or Cash by June 27th (2.5% discount applies)
Tuition and Registration Paid in Full by Debit/Credit by June 27th (no discount, plus 3% fee)
Twelve (12) Monthly Payments made by Auto Draft
Nine (9) Monthly Payments made by Auto Draft
Nine (9) or Twelve (12) Monthly Payments made by Payroll Deduction (Triad Employees Only)

Draft payment on: 5th 15th BOTH

Best Qualifying Discount (Choose one): ___ Military ___ Pastoral ___ Staff
A Tuition Assistance discount may be better than a discount listed above. Triad School will apply the best discount.

PLEASE NOTE: Cafeteria accounts must be made current at the end of every month. By signing this agreement, you understand that Triad School will use the account on file in Sycamore/PayJunction to pay the balance due on your family's cafeteria account on the last school day of every month.

After a student's third week of class, there is no refund of tuition or forgiveness of the remaining annual balance of tuition for the academic year without School Board approval. For all intents and purposes a "seat" has been purchased for the entire academic year.

By signing below, I hereby acknowledge receipt and understanding of Triad School's Tuition, Fee and Payment Policy and agree to abide by them. In specific, I acknowledge that after the third week of school I am jointly and individually liable for the full amount of the annual tuition and registration for my student(s) according to the tuition and fee schedule approved for each school year while enrolled. (All Financially Responsible Parties Must Sign)

Financially Responsible Party - Primary (Signature) SSN# Printed Name Date
Financially Responsible Party - Secondary (Signature) SSN# Printed Name Date

Electronic Communication Authorization

(Initials) I hereby authorize Triad School to communicate with me about financial matters via the following email address:
I will notify Triad School of changes to my contact information including my email address.

For Office Use Only