

Hillcrest Lutheran Academy

Family Payment Plan Worksheet 2007-08

(Required by the Office of Finance *before* coursework/participation can begin)

Student & Contact Information: (Fill out ONE form per family)

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Student Name: _____ Grade Entering: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Home Telephone: _(____)_____ Work Telephone: _(____)_____

Fax Number: _(____)_____ Email Address: _____

Payment Plans: (Please review and check ONE option)

Tuition fees will be charged in full at the beginning of the school year to your account. There are two options for payment, please choose one of the two options below.

Semester Payment Plan

Details: Student tuition due each semester as follows:

Fall Semester: Due in office by **August 31** or earlier

Spring Semester: Due in office by **January 31** or earlier

Finance Fee: 9% annual (.75% monthly) finance fee will be charged on the remaining balance after semester due dates of August 31 and January 31. *NOTE: Only applies if there is an account balance due.*

SMART Monthly Payment Plan

12-month plan – monthly payment _____ (begins June 2007)

10-month plan – monthly payment _____ (begins August 2007)

Finance Fee: \$100 (equivalent to \$10/mo) one-time finance fee will be charged at the beginning of the school year to cover the school's financing costs for the 2007-08.

NOTES:

PLEASE NOTE: Account balances are to be current before a student can begin the next semester, which includes the next school year, unless prior arrangements have been documented, approved, and on file with the Hillcrest Office of Finance.

(Over To Complete)

Method of Payment: (check all that may apply)

Hillcrest Lutheran Academy will receive your payment in the form of:

- Cash or Check**
 SMART Monthly Automatic Electronic Funds Transfer
 Wire Transfer (wire transfer instructions available upon request)
Note: Bank transaction fees may apply, no transaction fees from Hillcrest
 Student Loan
 Credit Card Payment

Credit Card Charge Approval & Frequency of Use: (optional)

Credit Card #: _____ Expiration Date: ____ / ____
 Visa MasterCard Discover Card **(please provide a copy of the credit card)**

Card Billing Address: (Street, City, St, Zip) _____

Please charge my card for tuition & fees of Hillcrest Lutheran Academy as follows:

- Each Semester for the amount of: \$ _____
 Monthly for the amount of \$ _____

You have my authorization to charge the above credit card for tuition and fees and apply it to my account balance.

Authorized Credit Card Signature_____
Date**Refund Policy:**

In the event that a student leaves from Hillcrest Lutheran Academy before the end of a semester:

Tuition & Fee Refunds:

- 100% - first week, 80% - second or third week, 60% - fourth and fifth week, 40% - sixth and seventh week, 20% - eighth and ninth week
- There will be **no refund on tuition and fees after ninth week of semester**
- Application fee is non-refundable

Room & Board Refunds:

- Pro-rated based on the week the student leaves
- There will be **no refund during the last four weeks of a semester**

Confirmation of Payment Plans:

I understand the information given above on **payment plans**, **finance fees**, and **refund policy** at Hillcrest Lutheran Academy and agree to the conditions of the payment plan selected. I will notify the Office of Finance of any changes to my payment plan.

Parent/Guardian Signature_____
Date

5/17/06