

ST. CYPRIAN'S EPISCOPAL SCHOOL

1115 South John Redditt Drive - Lufkin, Texas 75904 - (936) 632-1720

2008-2009

ENROLLMENT CONTRACT (Dyslexia Therapy Program)

Name of Student: _____ Entering Grade: _____

In consideration of the acceptance by St. Cyprian's Episcopal School (the *School*) of the above-named Student's reservation for the 2008-2009 academic year in the Dyslexia Therapy Program, I (the undersigned parent or guardian) agree to timely pay the required tuition as specified below:

	(Monthly) 12 pmt. plan	(Monthly) 10 pmt. plan	(Semi-annual) 2 pmt. plan	Annual Tuition
Individual Basis	\$450.00	\$540.00	\$2,700.00	\$5,400.00

The undersigned agrees to pay tuition in: _____ twelve (12) monthly payments beginning May 1, 2008.
(initial one) _____ ten (10) monthly payments beginning May 1, 2008.
_____ two (2) equal payments due on 6/2/08 & 12/1/08.
_____ one payment due on June 2, 2008.

I understand that in signing this Enrollment Contract for the coming year, I am agreeing to obey all policies, rules and regulations of the School. I further agree that this Contract may be cancelled without further obligation by me giving written notice received by the Head of the School on or before June 30, 2008. If I attempt to cancel this Contract or withdraw my child from the Dyslexia Therapy Program after June 30, 2008, **I understand and agree that I am responsible and liable for the full amount of the unpaid annual tuition specified above.** I further understand that after June 30, 2008, no portion of the tuition or fees will be refunded or cancelled due to the absence, withdrawal or dismissal of my child from the School or the Dyslexia Therapy Program.

I further agree to pay the total amount of the Dyslexia Therapy Program tuition in one payment due by June 2, 2008 unless an alternate payment option is chosen by me above. If I choose to pay in two payments, I will pay on June 2, 2008 and December 1, 2008. If I choose to pay 10 or 12 monthly payments, I will begin those payments on May 1, 2008 and will pay a like amount on or before the 10th day of each month thereafter until the total tuition due is paid in full. **I agree to pay a late charge of \$25.00 each time any of my monthly payments is not received by the School by the 10th of the month in which it is due, regardless of the day of the week on which the 10th falls.**

This instrument shall be interpreted in accordance with the laws of the State of Texas. Parent(s) or guardian agrees to sign this Contract and return it to the School Office by April 30, 2008 to assure a position in the Fall 2008 class. This Contract shall be complete and enforceable upon execution by an authorized representative of the School and a copy of the same shall be returned to the undersigned parents or guardian.

Date: _____

Date: _____

Signed: _____
Parent or Guardian

St. Cyprian's Episcopal School

Address: _____

Accepted by: _____
Head of School

Signed: _____
Parent

Address: _____

Therapist (Initials): _____