

Greater Collegedale School System Financial Agreement 2016-17

MONTESSORI EARLY CHILDHOOD CENTER ● AW SPALDING ELEMENTARY SCHOOL

COLLEGEDALE ADVENTIST MIDDLE SCHOOL ● COLLEGEDALE ACADEMY

Complete **one form per family** for students attending MECC, AWS, CAMS and CA

PLEASE LIST STUDENT(S) BELOW

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Preferred Name</u>	<u>Grade for '16-'17</u>

NOTICE: Monthly Statements go 100% PAPERLESS!!

Please provide your email address below to partner in the most efficient process for distributing monthly statements this school year.

E-MAIL ADDRESS FOR MONTHLY STATEMENTS:	SECOND E-MAIL ADDRESS FOR MONTHLY STATEMENTS (if necessary):

If you plan to be a constituent member, membership must be transferred by registration to receive the constituent rate. Constituent Churches are: Collegedale, McDonald Road, Collegedale Spanish-American, Hispanic Community, Collegedale Community & Hamilton Community. Please note: Churches have specific rules for membership. Please refer to your local church for details. If you are a member of a non-constituent church, YOU ARE RESPONSIBLE for filling out the church's paperwork to receive the difference between the constituent and non-constituent rate, where applicable.

<input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Sponsor/Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Sponsor/Guardian
<u>Name</u>	<u>Name</u>
<u>Address</u>	<u>Address - If Different</u>
<u>City</u> <u>State</u> <u>Zip</u>	<u>City</u> <u>State</u> <u>Zip</u>
<u>Employer</u> <u>Work Phone</u>	<u>Employer</u> <u>Work Phone</u>
<u>Cell Phone</u> <u>Home Phone</u>	<u>Cell Phone</u> <u>Home Phone</u>
<u>SDA Church YOU are a Member of</u>	<u>SDA Church YOU are a Member of</u>
<u>SDA Church STUDENT is a Member of</u>	<u>SDA Church STUDENT is a Member of</u>
Educational Subsidy from Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Subsidy from Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have an outstanding balance at any other SDA school? Yes No

If yes, Where? _____ Balance owed? _____

As the parent(s) and/or financial sponsor(s) for the above named student(s), I/we accept that it is my/our responsibility to pay the account(s) on a current basis. I/We recognize that if the account(s) is/are not paid, tests and transcripts may be withheld, graduation participation may not be allowed, and other restrictions may apply as outlined in the Student Handbook. **Due to legal requirements, both parents (if responsible for the account) must sign this form.**

Signature	Date
Signature	Date