**FINANCIAL CONTRACT**

9th Grade

##### Parent/Guardian

Home Address

Phone Number

Are you a member of the Hot Springs Seventh-day Adventist Church? Yes [ ]  No [ ]

 If other SDA Church member, where?

 If No, which church affiliation?

 Student’s Names Grade Age as of 9/1 Student’s Name Grade Age as of 9/1

1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Registration\* $ 300**

**Tuition $3,000** $300/month, paid on a ten month basis (Aug-May).

**9th Grade Fees** **$ 75** Outdoor School Fee for students in grades 5-8; due April 1st

**Parents are to provide recommended school supplies.**

 \* Registration fees are non-refundable.

#### **Contract of Parent/Guardian**

My financial obligation is clearly understood and I agree to promptly pay the charges for the above named student(s). In the event that I am unable to make a payment in a timely manner, I promise to contact the principal, office manager, or treasurer and make proper arrangements. Failure to do so will result in my child(ren) being suspended until arrangements and/or payment has been made.

PARENT/GUARDIAN SIGNATURE DATE

Hot Springs Adventist School, 401 Weston Road, Hot Springs, AR 71913