

Allison Academy
1881 NE 164th St.
N. Miami Beach, FL 33162
Tel: (305) 940-3922 Fax: (305) 940-1820
ENROLLMENT CONTRACT

Student's Social Security Number: _____

Date: _____

I/we enroll _____ in the _____ grade for the 2008-2009 school year beginning on August 18th, 2008.

FEES AND PAYMENTS—In consideration of the acceptance of this contract by Allison Academy, the undersigned agrees to pay the required tuition fee of \$12,000 and the **NONREFUNDABLE** registration fee of \$400. An \$1000 deposit on the tuition is required with this enrollment contract. The remainder of the tuition payments can be divided into equal monthly installment payments from August 2008 through May 2009. All families will also be charged \$20 for membership dues in the PTSA.

The \$12,000 fee includes book use for the 2008-2009 school year. However, consumable books/workbooks will be charged to the student's account. If a student loses or damages his/her book, then a book fee will be charged for the lost book based on the cost of replacing the book. Books will be returned at the end of the school year.

I understand that if my child leaves Allison Academy before the school year ends, I am responsible for the pro rata share of the year's \$12,000 tuition AS DETERMINED BY ALLISON ACADEMY, based on \$350 WEEKLY tuition costs. I also understand that I am responsible for purchasing my child's uniforms and paying any necessary miscellaneous fees at the beginning of the school year.

Payments can be made to Allison Academy in full by the year, by the semester, by the quarter, or monthly on the 20th from August through May. If payments are not received on time, such overdue amounts will be assessed a late payment penalty of \$25. All returned checks will be assessed a charge of \$30.

The client agrees to pay invoices upon receipt of statement. If it is necessary for Allison Academy to enforce this agreement, the client will be obligated to pay the costs of collection, including reasonable attorney's fees. ***Furthermore, I agree to the policy of the School that until an account is paid in full to date, the student will not be permitted to attend class. All student records remain the property of Allison Academy until the account is paid in full.***

RULES AND REGULATIONS—I agree to accept the rules and regulations adopted by Allison Academy and set forth in its latest publications. **I understand that the student's or parents' disregard of the rules and regulations of the School may be deemed sufficient cause for dismissal.**

It is my specific intention that a representative of the School may designate authority for emergency medical care in a licensed hospital while my child is enrolled at Allison Academy.

IF BOTH PARENTS are living, BOTH must sign this contract. Otherwise, the child's guardian and person having financial responsibility for this contract must sign.

Signed _____ Date _____

Print Name _____

Signed _____ Date _____

Print Name _____

Accepted by:
ALLISON ACADEMY _____ Date _____