

## Financial Agreement Form

### Name of Student (Full Legal Name:)

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Academic Year 20 \_\_ - 20 \_\_ Grade: \_\_\_\_\_ Social Security Number: \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

### Name of person(s) responsible for financial obligations:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Statement of Responsible Financial Party:

**WEST OAKS ACADEMY** reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other reason it deems necessary despite payment of fees.

I understand that, if I voluntarily withdraw my child or my child is dismissed from the school once classes have begun, I am responsible to pay the full month's tuition. I also understand that records cannot be forwarded to another school until all financial obligations have been satisfied.

I understand that the completion and submission of this form constitutes a legal and binding contract between West Oaks Academy and myself (as the above named responsible party,) to continue payments for the entire term of the contract. In the event the named (registered) student voluntarily withdraws from the program before the end of the academic year, regardless of the reason, I understand and hereby agree that all subsequent tuition payments are still due as indicated in this agreement and that there will be **NO EXCEPTIONS** to this policy.

\_\_\_\_\_  
Signature of responsible party\_\_\_\_\_  
Date of Contract