LIVING WORD CHRISTIAN SCHOOL
2900 NORTH TAMIAMI TRAIL
NORTH FORT MYERS, FLORIDA 33903
School (239) 997-7702 Fax (239) 997-7719
Email: lwcs@lwmnfm.org
Website: www.lwmnfm.org

Parent-School Financial Agreement Form
2011-2012

I/We, _____, agree to pay the tuition amount that was determined by L.W.C.S. The amount is stated on each child's tuition statement. I/We accept responsibility to fulfill this financial obligation.

Full Name of Child	2011-2012 Grade	Applicable Tuition	Financial Aid/ Scholarship Award Amount	Parent Portion of Of Tuition
Please choose a payment option listed below			**Total**	

The above fee includes diagnostic testing, curriculum (60 PACE's for elementary and middle school, 72 for high school) and before and after care.

Please select one:

_____ Full payment _____Cash _____Check _____Money Order

_____ Monthly payment Due and payable 1st of every month

_____ Other option _____
_____
_____

Late fee of $10.00 will be assessed on bills not paid by 5th of month.

$20.00 bank fee for all returned checks.

If my child participates in SUFS or McKay scholarship I agree to endorse the check in a timely manner.

I accept responsibility for damaged property and articles belonging to Living Word Ministries or Living Word Christian School. These fees are not included in tuition, financial aid or scholarship amounts.

I understand PACE's, books and computer software are the sole property of LWCS.

I have read and fully agree with the above terms.

Date: _____ Parental Signature: _____