

CLARENDON HALL

Summerton, South Carolina

Enrollment Contract - Academic Year 2008-09

❖ A SEPARATE CONTRACT MUST BE COMPLETED FOR EACH STUDENT ENROLLED.

Student Name _____ Grade _____
(Last) (First) (Middle)

Name and address of persons responsible for tuition and other charges:

Name _____ (* All persons listed must sign the contract below)

Name _____
Student's Physical Address _____ Parent's Billing Address _____

***A non-refundable APPLICATION FEE OF \$150 per student is due upon enrollment with this completed and signed contract. Application is not complete until such application fee paid and accepted by an official of the school.**

SUMMARY OF TOTAL CONTRACT FEES FOR THE 2008-2009

Grades 1 – 12	Total Contract Fee	12-Month Plan	10-Month Plan	Price with 5 % Discount due 5/22/08*	Price with 7.5 % Discount due 3/20/08*
1 Child	\$ 3,605	\$ 300.42	\$ 360.50	\$ 3,425	\$ 3,335
2 Children	\$ 6,585	\$ 548.75	\$ 658.50	\$ 6,256	\$ 6,091
3 Children	\$ 9,505	\$ 792.08	\$ 950.50	\$ 9,030	\$ 8,792
4 Children	\$ 12,275	\$ 1,022.92	\$ 1,227.50	\$ 11,661	\$ 11,355
Kindergarten	Yearly Contract Fee	12-Month Plan	10-Month Plan	Price with 5 % Discount due 5/22/08*	Price with 7.5 % Discount due 3/20/08*
1 Child	\$ 3,285	\$ 273.75	\$ 328.50	\$ 3,121	\$ 3,040
2 Children	\$ 6,050	\$ 504.17	\$ 605.00	\$ 5,748	\$ 5,596
*Second K Child	\$ 2,765	\$ 230.42	\$ 276.50	\$ 2,627	\$ 2,558

CLARENDON HALL OFFERS TWO PAYMENT OPTIONS: One yearly payment due by May 22, 2008, with a 5% discount or one yearly payment due by March 20, 2008, with a 7.5 % discount (rounded to nearest dollar). Monthly: 12 monthly payments beginning June 2008 and each month thereafter until May 2009, or the entire outstanding balance is paid for the academic year. 10 monthly payments beginning August 2008 and each month thereafter until May 2008, or the entire outstanding balance is paid for the academic year **I AGREE TO PAY THE PAYMENT PLAN BELOW:**

____ Monthly Option: I agree to pay Clarendon Hall the following: ____ payments of \$ _____ beginning _____ (10th or 20th) and each month thereafter until contract fees, late fees, finance charges, or other school fees, etc. are paid in full for the school year. Monthly patrons will be charged a \$20 processing fee. **MUST COMPLETE BACK OF CONTRACT.**

____ Yearly Option: I agree to pay Clarendon Hall the following: \$ _____ by May 22, 2008, or upon enrollment.

____ Yearly Option: I agree to pay Clarendon Hall the following: \$ _____ by March 20, 2008.

Any other payment plans must be approved by the administration. Any amendments or changes to payment schedule must be approved by the administration and must be in writing as an addendum to this tuition contract. See contractual terms and conditions for other fees.

CONTRACTUAL TERMS AND CONDITIONS

1. I understand that in order to guarantee placement for the coming year, the **application fee is due by APRIL 1, 2008.** I FURTHER UNDERSTAND THAT THE APPLICATION FEE ONCE PAID IS NON-REFUNDABLE.

2. I UNDERSTAND THAT UNLESS WRITTEN NOTICE WITHDRAWING THE APPLICATION IS SENT TO THE HEADMASTER BY CERTIFIED MAIL NO LATER THAN JUNE 15, 2008, MY OBLIGATION IS TO PAY ALL FEES FOR THE FULL ACADEMIC YEAR. PATRONS WISHING TO BE RELEASED FROM THEIR CONTRACT AFTER JUNE 15, 2008, MUST MAKE A WRITTEN REQUEST AND WILL BE REQUIRED TO PAY AT A MINIMUM ALL FEES DUE UNTIL THE END OF THE MONTH OF WITHDRAWAL PLUS A \$500.00 FEE FOR RELEASE FROM THE CONTRACT. NO PORTION OF SUCH FEES SO PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELED, NOTWITHSTANDING THE SUBSEQUENT ABSENCE, WITHDRAWAL, OR DISMISSAL FROM THE SCHOOL.

3. I understand that in signing the Enrollment Contract for the academic year 2008-09, I am agreeing to accept the policies, rules and regulations of the School. The School shall have the right, in its sole discretion, to determine the class to which the student will be assigned, to establish rules of conduct for proper discipline, and to mete punishments for the infractions thereof, and to suspend or expel the student, and to exercise all powers and privileges exercised by educational institutions. **FURTHERMORE, I AGREE TO THE POLICY OF THE SCHOOL THAT NO STUDENT WILL BE PERMITTED TO RECEIVE REPORT CARDS, NOR WILL TRANSCRIPTS BE RELEASED, UNLESS ALL FINANCIAL OBLIGATIONS ARE PAID IN FULL.**

4. ALL PAST DUE BALANCES OVER 30 DAYS WILL BE ASSESSED A FINANCE CHARGE OF 1½ % PER MONTH. IN THE EVENT AN ACCOUNT BECOMES PAST DUE 60 DAYS OR MORE, STUDENTS MAY BE PROHIBITED FROM ATTENDING CLASSES OR ANY SCHOOL FUNCTIONS. YOU MAY BE REQUIRED TO PRESENT A CREDIT CARD, DEBIT CARD, OR CASHIER'S CHECK FOR PAYMENT IN FULL OF PAST DUE AMOUNT. FORBEARANCE IN ENFORCEMENT OF ANY PAYMENT TERMS BY THE SCHOOL SHALL NOT BE DEEMED A WAIVER OF THE RIGHT OF THE SCHOOL TO STRICTLY ENFORCE THE TERMS OF THIS CONTRACT.

*Signature of person responsible for payment of charges

Date

*Signature of person responsible for payment of charges

Date

*Signature of person responsible for payment of charges

Date

RECEIVED BY CLARENDON HALL:

School Office Staff Signature
Date _____
Fees Paid \$ _____
Billing Method _____

PLEASE RETURN SIGNED CONTRACT & FEES BY THE DEADLINE LISTED ABOVE.

THIS IS A CONTRACT.

CLARENDON HALL

Monthly Payment Agreement

1. FAMILY INFORMATION

FIRST NAME _____ LAST NAME _____
BILLING ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME / MAIN TEL. # _____ SECONDARY TEL. # _____
E-MAIL _____

2. PLEASE SELECT ONE PAYMENT OPTION

- (A) I WILL MAIL MY PAYMENTS EACH MONTH. THEY WILL BE RECEIVED BY THE 10TH 20TH
(B) I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY BANK ACCOUNT

Name on Bank Account: _____
Nine Digit Routing Number _____
Bank Account Number _____

Checking **Savings**

This authority is to remain in effect until the depository customer has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If the organization initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the depository in writing for the incorrect entry within fifteen calendar days following the date the customer received the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

Name _____ Identification No. _____

Date _____ Signed _____ Signed _____

ATTACH A VOIDED CHECK

- (C) I WANT YOU TO CHARGE PAYMENTS MONTHLY TO MY CREDIT CARD

Debit/Credit Card Account Number: _____

Expiration Date: _____ **Master Card** **Visa**

3. PAYMENT PLAN (Please select a plan – required)

- 12 Months June 2008 – May 2009
 10 Months August 2008 – May 2009

4. STUDENT INFORMATION

GRADE	NAME	STUDENT TUITION
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TUITION FEE AND LATE POLICY

I agree to pay the amount established by my school for the above students and realize that if I fail to make payments by the specified due dates, the inaction will result in late charges established by my school. I understand that I may be contacted via e-mail and/or telephone when payments are not on time and charged a late fee of \$20.00

TOTAL TUITION	\$ _____
FEES	\$ _____
DISCOUNTS	\$ _____
COUPON FEE	\$ _____
TOTAL DUE TO SCHOOL	\$ _____

Signature

Date Signed