Yeshiva Ohr Hatzafon

PO Box 486 Cedarhurst, NY 11516

Tel: (347) 619-9074 Fax: (516) 295-5737

TUITION CONTRACT

STUDENT INFORMATION

Student Name:		Academic Year:			
Di	vision:		Date:		
	FINANCIA	L INFORMATION	N		
	Tuition Amount:	\$	Registration Fee:	\$	
	Room Charge:	\$	Board Charge:	\$	
	Financial Aid:	\$	Final Amount:	\$	
	Registration F		ed into monthly payments		
Payment Method: ■ Credit Card ■ ACH/Bank ■ Third Party					
	Credit Card Information (if selected):				
Ca	ardholder Name:				
Expiration Date:		Billing Zip:			
Charge Date (day of month):					

ACH/Bank Information	on (if selected):		
Account Holder Name:			
Routing Number:		Debit Date:	
Third Party Payer In	formation (if selected):		
Payer Name:			
Relationship:		Contact:	-
PAYMENT SCHI	EDULE		
Payment Plan:			
Payment Schedule:			

Payment #	Due Date	Amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$

First Payment Date:	 Final Payment Date:	
Number of Payments:	 Monthly Amount:	\$

CONTRACT TERMS

- 1. **Tuition Payment:** The above tuition amount is due according to the payment schedule selected. Late payments may incur additional fees.
- 2. **Registration Fee:** The registration fee secures your enrollment and is non-refundable. If 'Upfront' is selected, this amount is due at contract signing. If 'Rolled In' is selected, it is included in the monthly payment schedule.
- 3. **Payment Method:** Payments will be processed according to the selected method and schedule. For credit card payments, charges will occur on the specified day of each month. For ACH payments, debits will occur on the specified day of each month.
- 4. Late Payments: Payments not received within 10 days of the due date may incur a late fee. Continued non-payment may result in suspension of services.
- 5. **Refund Policy:** Tuition refunds are subject to the school's refund policy as outlined in the student handbook.
- 6. **Changes:** Any changes to this contract must be made in writing and agreed upon by both parties.
- 7. **Agreement:** By signing below, both parties agree to the terms and conditions outlined in this contract.

SIGNATURES

Student/Parent Signature:	 Date:
Print Name:	 School Representative:
	Date:

This contract is legally binding upon signature by both parties.