

ENROLLMENT CONTRACT 2014-2015 SCHOOL YEAR

★ letoilefrenchschool.com ★

STUDENT INFORMATION:

Student Name: _____
Last First Middle Most commonly used name

Home Address: _____
Street City State Zip

Date of Birth: ____/____/____ Gender: _____ Applicant to Enter Grade: _____ Starting Date: _____

FINANCIALLY RESPONSIBLE PARENT INFORMATION:

Name: _____ Relationship to Student: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Address of
Employer: _____

DAYS ATTENDED:

Half Day _____ Full Day _____

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

SIBLING DISCOUNT:

A 7% discount is offered on a sibling's tuition if both the present student and the sibling are enrolled full time.

Name of Sibling at L'Etoile: _____ Present Age: _____

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TUITION, FEES, DEPOSIT, & BILLING:

Tuition, fees, after care charges and deposit requirements for the 2014-15 School Year are documented in the “2014-15 Tuition and Fee Schedule”. Tuition, fees, and after care charges are subject to change in subsequent school years.

BINDING NATURE OF THIS CONTRACT AND RESULTING OBLIGATIONS:

Please initial all points below to indicate agreement:

_____ I agree that the tuition deposit as stated in the “2014-15 Tuition and Fee Schedule” is non-refundable.

_____ I agree that I am obligated to pay the tuition and fees for the entire 2014-2015 school year and that no portion will be refunded or released from obligation for absence, suspension, voluntary or involuntary withdrawal, dismissal, or if attending part-time, a reduction in number of selected days. The fact that the tuition and fees may be paid in monthly installments does not constitute a fractional contract.

_____ I agree that L’Etoile French Immersion School may waive the above provisions and pro-rate amounts owed if a student permanently moves more than 30 miles away from the L’Etoile campus. I agree that to receive this waiver I must provide documentation of the move.

_____ I agree that if my child is attending part-time I am not entitled to make up days for any reason including, but not limited to, illness, vacation, or job demands.

_____ I agree that if my child is attending part-time I am not entitled to switch pre-selected days. I agree that if I reduce the number of pre-selected days I am still responsible for the tuition of the original selection.

_____ I have read, understand, and accept the policies in the L’Etoile Student/Parent handbook and agree to be bound by the policies set forth therein, including but not limited to the Discipline and Guidance Policy, Behavioral Standards and Rules of Conduct. I also understand and acknowledge that failure, either by student or parent or guardian of a student, to comply with the policies set forth in the L’Etoile Student/Parent Handbook may result in termination of enrollment.

(Signature of parent or guardian)

(Date)

(Signature of parent or guardian)

(Date)