



**Tuition Agreement
2017-2018**

Mother () or Guardian ()

Name: _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Address: _____ - _____
(Street) (City/State) (Zip)

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Work Phone #: _____

Father () or Guardian ()

Name: _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Address: _____ - _____
(Street) (City/State) (Zip)

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Work Phone #: _____

I understand that by signing this form I am required to ensure payment in full of all charges on my student's account by the end of the **2017-2018** school year that my child is enrolled at Renaissance Classical Christian Academy.

Student Name: _____

Registration Fee: \$ _____ Resource/Lab Fee: \$ _____ Tuition: \$ _____

Mother/Guardian Signature

Date

Father/Guardian Signature

Date