



**Tuition Agreement  
2018-2019**

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 **2018-2019** 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