



Payment Agreement Form

Student Information

Crenshaw Christian Academy
608 Country Club Drive
Luverne, Alabama 36049
Phone: 334-335-5749
Fax: 334-335-6422

Name:	<input type="text"/>
Name (2):	<input type="text"/>
Name (3):	<input type="text"/>
Name (4):	<input type="text"/>

In registering my child for the School Year , I do hereby pledge and promise the payment of all school tuition, fees, and related expenses. I understand that the registration period held during the spring is for the school year beginning in August of that year. I expressly agree that if my child is accepted for enrollment, I will pay all amounts due (including tuition, fees, and ticket assessments) for the entire school year (September 1st through August 31st) for which I have registered in accordance with the approved payment plan that I have selected. I understand that it is the policy of the school to make **no** refunds of registration fees or tuition. I understand that if at any time there exists an unpaid indebtedness to the school, all records, reports, and transcripts may be withheld until all indebtedness is paid in full. Any family that does not sign a payment agreement will be charged a non working family tuition. Any family receiving any type or kind of financial aid is automatically under the working family 50 work hours contract.

PLEASE INDICATE THE PAYMENT PLAN YOU WILL ABIDE BY:

SELECT ONE

PLEASE INDICATE THE FAMILY PLAN YOU WILL ABIDE BY:

SELECT ONE

**By returning this form, this is your signed payment agreement for the upcoming school year.
No admissions or changes may be made to this form.**

Date/Time Field

FOR OFFICE USE ONLY:

Date Received

Received by