



Scappoose Adventist School

2021-2022 PK-8th GRADE

FINANCIAL AGREEMENT & FAMILY INFORMATION

STUDENTS

NAMES _____

FINANCIAL AGREEMENT			
Person Responsible for Payment of Students' Accounts		Social Security No. (Required)	Relationship to Student
Home Address		City, State, Zip	Home Phone
Date of Birth		Email Address	Cell Phone
Employer		Position	Work Phone
Work Address	City, State, Zip	Driver's License State	Driver's License No.
Other Person (if any) Responsible for Payment of Students' Accounts		Social Security No. (Required)	Relationship to Student
Home Address		City, State, Zip	Home Phone
Date of Birth		Email Address	Cell Phone
Employer		Position	Work Phone
Work Address	City, State, Zip	Driver's License State	Driver's License #

ANNUAL FEES: Preschool: \$150 curriculum/registration fee and K-8th Grade: \$295 registration fee for full-time student or \$195 if paid by April 1, 2021. Home-School: \$50 registration fee due by September 1. *Please submit non-refundable registration fee(s) with this document.* Don't hesitate to contact our Treasurer, Don Renner, at (503) 369-2370 drenner@sasonline.org or 54287 Columbia River Highway, Scappoose, OR 97056 to answer any questions you have about tuition or fees. Also, if a payment plan makes tuition easier for you to manage, please contact our Treasurer to discuss this option.

Family Discount (excludes preschool): When several children from the same family are enrolled, curriculum/registration fees must be paid for each child. The first child will be billed at regular tuition rates; the second child at 15% discount; the third child at 35% discount. Additional children are billed at 50% of the monthly tuition rate.

TUITIONS:

Preschool - *Days/Week Student Will Attend School (please circle one)* **2 Days** **3 Days** **5 Days**

1. Full Week Enrollment - \$3,800/yr. (\$402/mo. for 9 mo. + 1 mo. @\$190), Sept. through June
2. 3 Days/Week - \$2,280/year (\$241/mo for 9 mo. + 1 mo. \$114), Sept. through June
3. 2 Days/Week - \$1,520/year (\$161/mo. for 9 mo. + 1 mo. \$76), Sept. through June

Afternoon Care for Preschool: Childcare will be provided after preschool until 3 PM at the rate of \$18/day.

Kindergarten – 8th Grade: Tuition is \$5,450/Year for each Student

Indicate by marking the payment plan you choose:

- () 10-Month Payment Plan of \$545/mo. (Tuition is divided into ten equal payments, September – June)
- () 11-Month Payment Plan of \$496/mo. (Tuition is divided into eleven equal payments, August – June)
- () 12-Month Payment Plan of \$455/mo. (Tuition is divided into twelve equal payments, July – June)
- () Single Payment Plan of \$5,178 (a 5% discount) if paid in full by September 1

Payments:

Statements are sent by email on the 25th of the month. Payment is due on the 1st. A late charge of \$20 will be assessed if payment is not received by the 10th of each month. Arrangements other than those stated must be requested in writing and approved by the finance committee. Families experiencing temporary difficulty in making payments should contact the school immediately. The school will do all it can do to work with the family in an understanding manner. If payment or satisfactory arrangements are not made by the 20th of each month, the student will be placed on financial suspension and may return to school when the account is cleared.

My signature below verifies that I/we agree to pay the Scappoose Adventist School bill for the above named student(s). I/we understand that I/we are responsible for the ending balance even if any additional assistance programs/funding does not come through or is not approved.

Signature _____ Date _____

Signature _____ Date _____

Understanding that the school has created a community to help students excel spiritually, academically, physically and emotionally, I agree to be a partner with the school by:

- providing adequate sleep and nutrition for my child and making time as needed at home to help my child succeed
- volunteering 4 hours per quarter (16 hours per school year) per two-parent family; 2 hours per quarter (8 hours per school year) per single-parent family
- communicating questions or concerns directly to the teacher
- supporting the school's vision
- accepting financial responsibility

FAMILY INFORMATION – *If there are any custody restrictions that impact your student, please inform us and attach legal documents.*

Primary Parent/Guardian	Relationship to Student(s)	Receives Grades (circle) Yes No Receives Statement (circle) Yes No
Physical Address	Mailing Address (if different)	Family Email Address
Home Phone	Work Phone	Cell Phone
Secondary Parent/Guardian	Relationship to Student	Receives Grades (circle) Yes No Receives Statement (circle) Yes No
Home Address (if different)	City, State, Zip	Home Phone
Email Address	Work Phone	Cell Phone

EMERGENCY CONTACT/AUTHORIZED PICKUP LIST

Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone
Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone
Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone
Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone

SCHOOL DIRECTORY & PROMOTION

May your family be included in the 2021-2022 Scappoose Adventist School Directory? () Yes () No

I recognize that school activities are often photographed and/or videotaped. These photos and videos may be used in the promotion of Scappoose Adventist School. I hereby give consent to the use of any photographs or videos of my children to be used in any school publication or for promotional activities.

Signed _____ Date _____

Immunization note: State law requires that all children in public and private schools, preschools, Head Start and certified child care facilities have up-to-date immunization, or have a religious or medical exemption. Children will not be able to attend school or childcare starting February, 2022 (Oregon State Exclusion Day) if their records on file are incomplete.

Signature _____ Date _____