



**FINANCIAL AGREEMENT**

**DUE MAY 15, 2018**

6036 South 27<sup>th</sup> Avenue, Phoenix, AZ 85041 | 602-268-8686 x13 | Mueller@ALAcoyotes.org

**This form is required for all NEW and RETURNING students in 2018-2019.**

Student Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

I/We, the parent(s) or guardian(s) of the above named student(s) at Arizona Lutheran Academy, authorize Arizona Lutheran Academy to release information regarding this student(s) tuition account to the following:

- Only the name(s) listed above.
- The name(s) listed above and the following:

Name of person: \_\_\_\_\_

Name of person: \_\_\_\_\_

*I understand that by signing this authorization, I am giving Arizona Lutheran Academy permission to release the financial records of my student(s) to the persons specifically listed above. This release does not permit the disclosure of these records to any other persons without my written consent. I will not hold Arizona Lutheran Academy liable for releasing this financial information to the persons listed above.*

**FINANCIAL POLICIES**

**Please initial policies below, signifying you understand and are willing to comply.**

\_\_\_\_ All families are required to create an account and register for tuition payments with FACTS Management Company, a tuition management service. We/I understand a payment will be automatically withdrawn from a bank account or applied to a credit card.

\_\_\_\_ We/I understand all financial agreements made are a commitment between parent and ALA and an investment in my child/ren. We/I have a financial responsibility to keep our/my commitment when enrolling our/my student(s). We/I will communicate with ALA directly regarding any changes made to this commitment.

\_\_\_\_ All accounts with FACTS must be current. Any account that is delinquent 30 days will result in a meeting with ALA Administration.

\_\_\_\_ FACTS will assess a \$30 fee when there are insufficient funds within an account from which payment is to be drawn.

\_\_\_\_ FACTS will attempt a second payment withdrawal fifteen (15) days after the first attempt that was not successful.

\_\_\_\_ FACTS will attempt a third payment withdrawal for two separate payments (past and current payment) fifteen (15) days after the second attempt that was not successful.

\_\_\_\_ All accounts of senior students must be paid in full before a diploma is received.

\_\_\_\_ Official high school transcripts will be held until the account is paid in full.



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### **TUITION RATES**

Federation Rate:	\$9,200	Second student \$8,450	Third student \$8,200
2-Payment Plan:	\$4,600		
Monthly Plan:	\$766.67		
Non Federation Rate:	\$9,700	Second student \$8,950	Third student \$8,700
2-Payment Plan:	\$4,850		
Monthly Plan:	\$808.33		

### **BILLING/PAYMENT PREFERENCES** Choose only one of these payment options.

- Option 1**                      **Payment in Full** Total tuition will be due in July
- OR
- Option 2**                      **2-Payment Plan** First half of the tuition will be due in July, second half will be due in January
- OR
- Option 3**                      **12 Monthly Payments** (*July-June*)

### **NOTE:**

The ALA business office understands families depend on tuition assistance to help with the financial responsibilities. Scholarships are applied when received throughout the year. When scholarships are received and applied, the monthly payment may be adjusted. If scholarships received and applied exceed the tuition amount, personal payments made can be redirected to other fees, applied to future school years or refunded to parents.

**Monthly Payment Amount:** Please indicate the amount you will pay to ALA through FACTS.

*See instruction letter for guidance.*

\$ \_\_\_\_\_ monthly  
[other options may be approved: semi-monthly (twice a month) or bi-weekly (every two weeks)]

### **SIGNATURES**

By signing this document, I acknowledge that I understand and agree to the financial policies and agreements of Arizona Lutheran Academy as indicated in this document. This will be placed in my record and will be in effect for the 2018-2019 school year, unless I notify Arizona Lutheran Academy, in writing, of a change.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_