



FINANCIAL AGREEMENT

6036 South 27th Avenue, Phoenix, AZ 85041 | 602-268-8686 x13 | Finance@ALAcoyotes.org

Student Name(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

OFFICE ONLY: Fed NonFed ESA AAA

Parent/Guardian Name _____

Single family household Split household

Primary Billing Address _____

City _____ State _____ Zip Code _____

Primary phone number: _____

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: _____

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 selecting the monthly payment option 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 We/I understand a payment will be automatically withdrawn from a bank account or applied to a credit card.

online.factsmgt.com/signin/46G5Q

_____ 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.



FINANCIAL AGREEMENT

6036 South 27th Avenue, Phoenix, AZ 85041 | 602-268-8686 x13 | Finance@ALAcoyotes.org

TUITION RATES \$10,490 Second student \$9740 Third student \$9490

Standard Payment Options:

2-Payment Plan - \$5245 | First half of tuition due in July 2021, second half due in January 2022

12 Monthly Payments - \$874 | July 2021 through June 2022

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.

WELS Federation Church Membership Scholarship

Name of Congregation _____

Scholarships Expected: **Select all that apply (check those you've received in the past)**

- ALA Tuition Assistance
- AZ Tuition Tax Credit Program - Individual Scholarships
- ESA
- AZ Tuition Tax Credit Program - Overflow Scholarships
- AZ Tuition Tax Credit Program - Corporate Scholarships

Customized Monthly Payment Amount: Please indicate the amount you will pay to ALA using

- monthly FACTS payment (**All FACTS users please update your information on FACTS.**)
- monthly check to ALA or monthly auto payment using bank/credit card (by special arrangement only)

Commitment: Payment amount \$_____ monthly

If a split household, note arrangements below if parents are both responsible for tuition costs.

Mother _____

Father _____

Email addresses of those authorized (ALA tuition statements will be emailed to those listed here)

SIGNATURES

By signing this document, I acknowledge that I understand and agree to the financial policies and agreements of Arizona Lutheran Academy as indicated here. This will be in effect for the 2021-2022 school year, unless I notify Arizona Lutheran Academy, in writing, of a change.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____