



Financial Agreement

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Financial Agreement

Family Name: _____

Please complete the financial responsibility information below:

Please email invoice to the following email address: _____

Please mail invoice to my home address

Payment plan choice: 10 month (first payment due July 20th, last payment April 20th)

10 month (first payment due Sept. 20th, last payment June 20th)

12 month (first payment due July 20th, last payment June 20th)

I would like to donate to the Tuition Assistance Fund by \$10, \$25, \$50, or \$_____ per month (billable) or a one-time gift of \$_____

I/we have read the financial obligation under the Statement of Parental Support in the Family Handbook, and I/we agree to pay all tuition and fees assessed and understand the consequences if they are unpaid. Re-enrollment will not be processed until all charges to date are paid.

Parent/Guardian Signature (if married, both must sign):

Father: _____ Date: _____

Mother: _____ Date: _____



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