



Consortium of  
Catholic Academies  
*The will to learn. The foundation to hope.*

## TUITION AGREEMENT

415 MICHIGAN AVE. NE, STE. 110  
WASHINGTON, DC 20017

2019 – 2020

Student(s) Name(s): \_\_\_\_\_  
*Please Print*

\_\_\_\_\_

Academy (School) Name: \_\_\_\_\_

1. I/We will abide by the Tuition Policy of the Consortium of Catholic Academies.
2. I/We understand that I/we will receive a copy of the tuition and fees for 2019-2020 as soon as it is available.
3. I/We understand that I/we am/are expected to contribute to the school through service hours and fundraising activities.
4. I/We understand that if outstanding tuition and fees for 2018 - 2019 are not paid by May 31, 2019 my child(ren)'s reserved place(s) for 2019– 2020 will be released to other students on the waiting list.
5. I/We understand that if the student is withdrawn from the school for any reason, suspension, delinquent tuition payments, etc, a withdrawal or school exit form must be completed by the parent/guardian in order to terminate billing.
6. If legal action is required to collect any outstanding amounts due under this agreement, I/we agree that the school shall be entitled to recover from me/us, in addition to such amounts, all collection costs including, without limitation, attorney's fees and court costs.
7. **(Non-OSP Family)** I/We understand that I/we have three payment options:
  - a) 1 Installment Plan: Full payment less a discount of 5% if paid by August 15, 2019. "Full payment" is the annual tuition minus tuition assistance provided by the Archdiocese, the parish or other foundations.

b) 10 Installment Plan: Monthly payments: beginning July 15, 2019 and ending April 15, 2020 (10 months), or beginning September 15, 2019 and ending April 15, 2020 (8 months) ONLY if enrolled after August 1, 2019.

c) 20 Installment Plan: Monthly payments due on the 15th and 30th of each month beginning July 15, 2019 and ending April 30, 2020.

8. **(OSP Family)** I/We understand that within 10 days of notification, I/we must go to the school to sign the OSP checks. I/We understand that I/we am/are responsible for any/all additional expenses not covered by the OSP scholarship.

I/We agree that we are financially responsible for the tuition and fees for the student(s) listed above for the 2019 – 2020 school year.

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)