SHANNON FOREST
CHRISTIAN SCHOOL

ENROLLMENT CONTRACT

_____DOB_____ _____DOB_____
Student Name Student Name

_____DOB_____ _____DOB_____
Student Name Student Name

PARENTS/GUARDIANS: _____
Names

PAYMENT PLAN *Indicate selected payment option and party responsible for financial obligations*

- **PLAN A** *Annual Payment*
  -Due June 15
  -6% Discount
- **PLAN B** *Semester Payments*
  -Due June 15 and December 15
  -No Discount
- **PLAN C** *FACTS Monthly Payments*
  -Twelve (12) monthly drafts
  -Beginning in June and ending in May

RESPONSIBLE PARTY: _____ SSN: _____
Name *Required*

Party listed is responsible for tuition payments of ALL students listed above **YES** **NO** *If NO, refer to Office of Business Administration 864.678.5125*

ADDRESS *if differs from parent/legal guardian*: _____
Street City State Zip Code

HOME PHONE: CELL PHONE: E-MAIL:

YES, I have applied for tuition assistance as a member of SFPC. **YES**, I am an Alumnus of SFCS. *Class of*_____

RESPONSIBLE PARTY SIGNATURE: _____ DATE:

POLICY STATEMENTS *We, the Parents/Guardians listed above, acknowledge and agree as follows*

_____ | _____ **TECHNOLOGY POLICY** *WE UNDERSTAND* that access to computing services is offered to students who agree to act in a responsible manner and that SFCS, in its sole discretion, may revoke the privilege to use this educational tool and/or take other disciplinary action as it deems appropriate for inappropriate use of the network or computing equipment.

_____ | _____ **PUBLICITY POLICY** *WE AUTHORIZE* the school to photograph my child(ren) in portrait and candid photographs and to use our child(ren)'s image, likeness, voice or work for promotional and educational purposes including but not limited to publications, posters, newsletters, yearbooks, E-blasts, videos, news media or school website.

_____ | _____ **PARENTS AS PARTNERS POLICY** *WE ACKNOWLEDGE* that by previously signing the *Parents as Partners* agreement as set forth in the New Student and Re-Enrollment Applications, we will be bound by the policy and all applicable agreements, including but not limited to those regarding dismissal, tuition and authority of school administration, established therein.

_____ | _____ **FINANCIAL POLICY** *WE HAVE REVIEWED AND UNDERSTAND* the expectations and responsibilities we have as applicant Parents/Guardians enumerated in the *Financial Policies* section of the *Tuition and Fees Schedule.* We understand that the policy is available on shannonforest.com and we agree to honor all financial obligations including but not limited to those regarding *Late Payments* and *Withdrawals/Disenrollment* and recognize that additional programs, options, and/or activities may incur additional costs.

_____ | _____ **PERPETUAL CONTRACT POLICY** *WE AGREE* that this contract shall be valid as long our student(s) are enrolled at or attend Shannon Forest Christian School and that future re-enrollment via an online process shall not invalidate nor terminate this binding contract.

We have read, understand and agree to abide by the above listed policies, agreements and procedures of SFCS:

_____
Signature of Parent/Guardian Date

_____
Signature of Parent/Guardian Date

OFFICE ONLY DATE REC'D_____ INITIALS_____