

**FINANCIAL CONTRACT FOR TUITION PAYMENT**  
**New Hebron Christian School**  
*(This form must be completed each year – one per family.)*

NHCS Student Name(s) and Grades(s) \_\_\_\_\_

Registration Fee \_\_\_\_\_ (\$65.00 per student)

K-8 Book Fee Total \_\_\_\_\_ (\$150.00 per student)

Vision Screening \_\_\_\_\_ (\$2.00 per student) (Grades PreK, K, 2, 8, New Students)

Hearing Screening \_\_\_\_\_ (\$2.00 per student) (Grades PreK, K, 1, 2, 3, New Students)

TOTAL \_\_\_\_\_ DUE UPON REGISTRATION BY CHECK OR CASH.

\*\*I was referred to this school by: \_\_\_\_\_

**K-8 Fee Schedule: 9 and 12 month option**

| <b># of Children<br/>Enrolled</b> | <b>Amount Per Month<br/>if paid over 9 months</b> | <b>Amount Per Month<br/>if paid over 12 months</b> |
|-----------------------------------|---------------------------------------------------|----------------------------------------------------|
| 1 Student                         | \$ 260.00                                         | \$ 195.00                                          |
| 2 Students                        | \$ 385.00                                         | \$ 288.75                                          |
| 3 Students                        | \$ 485.00                                         | \$ 363.75                                          |
| 4 Students                        | \$ 585.00                                         | \$ 438.75                                          |
| 5 Students                        | \$ 685.00                                         | \$ 513.75                                          |

**TUITION PAYMENT SCHEDULE: Check appropriate option and fill in amount.**

9 Month Plan: \$ \_\_\_\_\_/mo.

☐ I will be paying by check.

12 Month Plan: \$ \_\_\_\_\_/mo.

☐ I'll be paying with Automatic Payment (see below).

**Authorization for Direct Payment**

I authorize NEW HEBRON CHRISTIAN SCHOOL and First Robinson Savings Bank to initiate entries on the 15<sup>th</sup> of each month to my: (Circle One)

Checking

Savings

REMINDER: AUTOMATIC PAYMENTS ONLY APPLY TO TUITION. ALL OTHER FEES MUST BE PAID BY CASH OR CHECK AT TIME OF REGISTRATION.

This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution Account Number

\_\_\_\_\_  
Routing Transit Number



\*\*\*Staple voided check here.