



CENTRAL CHRISTIAN ACADEMY FINANCIAL AGREEMENT FORM

Name of Student (FULL LEGAL NAME)

First: _____ Middle Initial: _____ Last: _____
Gender: Female _____ Male _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Contact Phone: _____ E-mail Address: _____
Academic Year: 202____ - 202____ Grade Entering: _____

Name of person(s) responsible for financial obligations

Name: _____ Relationship to Student: _____
Address: _____ City/State/Zip: _____
Email Address: _____ Contact Phone: _____

Name: _____ Relationship to Student: _____
Address: _____ City/State/Zip: _____
Email Address: _____ Contact Phone: _____

Statement of Responsible Financial Party

CENTRAL CHRISTIAN ACADEMY reserves the right to refuse any application or dismiss any child at any time, for unacceptable work or conduct, or any other reason it deems necessary despite payment of fees. I understand that, if I voluntarily withdraw my child or my child is dismissed from the school once classes have begun, I am responsible for paying the full month's tuition. I also understand that records cannot be forwarded to another school until all financial obligations have been satisfied.

I understand that the completion and submission of this form constitutes a legal and binding contract between Central Christian Academy and myself (as the above-named responsible party,) to continue payments for the entire term of the contract. In the event the named (registered) student voluntarily withdraws from the program before the end of the academic year, regardless of the reason, I understand and hereby agree that all subsequent tuition payments are still due as indicated in this agreement and that there will be **NO EXCEPTIONS** to this policy.

Signature of Responsible Party

Date of Contract

Print Name of Responsible Party

Florida Driver's License Number