

Doctors of Academics Learning Academy

Private Pay Tuition Agreement

www.doctorsofacademics.com | Admin@doctorsofacademics.com

Student Name: _____ Student I.D. No.: _____ D.O.B:

E-mail: _____ Telephone: _____

Current Address: _____

TUITION:

The total cost for the _____ school year:

| | |
|---------------------|--|
| Tuition Rate: | |
| Registration Fee | |
| Books/Supplies | |
| Additional fees | |
| Total Program Cost: | |

TUITION PAYMENTS

Tuition payments are automatically sent on the 1st & 15th of each month. Student accounts will be charged 3 days after the invoice is sent. A card must be saved on file for automatic payments. Tuition received after the scheduled invoice payment due date will incur a late fee of \$35.

Your Current Balance: _____

These options are available to all students.

Payment Plans:

- Annually: \$_____ due no later than the 1st of August.
- Monthly (10 months): \$_____ due no later than **5th of each month**. Payable by cash, check, or credit card. (All invoice payments will have an additional processing fee of 3.5% + \$0.15 per invoice)
- Bi-weekly (20weeks): \$_____ due no later than **5th & 20th of each month**. Payable by cash, check, or credit card. (All invoice payments will have an additional processing fee of 3.5% + \$0.15 per invoice)

Insufficient Funds:

A \$35 fee is assessed for all insufficient funds and charged to your account. Payment by cash, money order, cashier's check or credit card will be required after an account is assessed because of insufficient funds.

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CANCELLATION AND REFUND POLICY:

All tuition payments are final and cannot be refunded. If a student withdraws after the first of the month, the parent remains responsible for the complete month's tuition. All obligations, including financial, must be cleared up before final withdrawal.

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the Parent and the School Official. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by “*Doctors of Academics Learning Academy*”.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities regarding this contract.

Name of Parent

Date

Signature of Parent

Date

Name of School Official

Date

Signature of School Official

Date