



ENROLLMENT TUITION & FEES

School Day 8:20 AM – 3:15 PM	1 child	2 children (5%)	3 children (7%)	4 children (15%)
2017-18 Annual Tuition	\$ 10,750.00	\$ 20,425.00	\$ 29,992.00	\$ 36,550.00
(10) Monthly Payments	\$ 1,075.00	\$ 2,042.50	\$ 2,999.00	\$ 3,655.00

Extended School Day 7:00 AM – 6:00 PM	1 child	2 children	3 children	4 children
2017-18 Annual Tuition	\$ 12,750.00	\$ 24,225.00	\$ 35,572.50	\$ 43,350.00
(10) Monthly Payments	\$ 1,275.00	\$ 2,422.50	\$ 3,557.25	\$ 4,335.00

ADDITIONAL FEES

ALL ADDITIONAL FEES ARE NON-REFUNDABLE

Book & Materials Fee	\$ 300.00	Due in August
Field Trip Fee	\$ 100.00	Due in August
New Student Application Fee	\$ 150.00	Due at Registration
NWEA Test (Kg-8 th)	\$ 50.00	Due at Registration

OPTIONAL ADDITIONAL FEES: AFTER SCHOOL ACTIVITIES, CLUBS, SPORTS, & LUNCH.

Tuition Rate Reduction Opportunities

- Families can apply for a 5% discount if they complete registration AND pay the first tuition installment within 10 calendar days of acceptance.
- Families can apply for an additional 5% discount to the annual tuition, if a full payment is made at the time of re-enrollment.
- Families may receive a \$500 referral credit towards their last month’s tuition installment (May) for referring a new family to SAC.

Merit Based Scholarships

Scholarships will be awarded to students meeting the following criteria:

* Note: Scholarships will be issued as a credit to your 2nd installment. (September’s payment)

- TIER 1: Students with a Composite NWEA score in the 99%tile will receive a 30% scholarship to their annual tuition
- TIER 2: Students with a Composite NWEA score in the 98%tile will receive a 20% scholarship to their annual tuition
- TIER 3: Students with a Composite NWEA score in the 97%tile will receive a 10% scholarship to their annual tuition

* Students that have not previously taken the NWEA test will have the opportunity to do so in August each year. Test date to be determined by SAOC administrative staff. The fee to take the exam will be \$50.00.



ENROLLMENT AGREEMENT

INSTRUCTIONS: Please read through this enrollment agreement carefully.

ACADEMICS

As a school policy, **the students who do not show any academic progress in the first quarter of the school year are put on a probationary period.** If the student does not raise his/her grades to at least C- (**in four major classes, Mathematics, Science, English, and Social Studies**) during this probationary period, the parent may be asked to transfer the child/ren.

We hereby acknowledge that we are aware of this policy and accept responsibility, meaning that we will transfer to another school if he/she is asked to be transferred by the school.

The teachers have full discretion in the classroom to discipline my child/ren, as described in the Student-Family Handbook, available in the school office and as well as online at www.saoc.org. The administration has full responsibility for placing my child/ren in the proper grades abiding by Illinois State Board of Education Regulations.

TUITION RESPONSIBILITIES

Payment Policy

- Tuition can be paid in full with a 5% discount or in 10 installments. The first installment is made during the initial enrollment process. The 9 remaining installments are made September 1st - May 1st.
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- When a check cannot be deposited due to insufficient funds, payment must be made by cash or money order for that month. After two non-sufficient fund checks in one academic year, all remaining payments must be made by cash or money order. There is a **\$100 overdraft fee** per bounced check.
- It is further agreed that no child shall continue on a delinquent account beyond two months until the delinquent account is paid in full.
- Tuition does NOT include after school activities, lunch, uniforms, school supplies and after school club/s.
- **If you withdraw at any time after acceptance, there is no refund of the tuition deposit and any subsequent tuition payments.** Parents initiating withdrawal are required to pay the full year's tuition unless the board approves the refund.



HOME OF THE PHOENIX

ENROLLMENT CONTRACT

2017-18 Annual Tuition, \$10,750
[] 10% SAC renewal discount
[] 5% discount 1st installment made by April 7th
[] 5% discount full payment made by April 7th

Extended Care
Total Tuition Rate for 2017-2018 \$

I have read and understand the registration and withdrawal policies stated above on this form. We agree that we are obligated to pay total tuition of \$ for the entire school year and we are not entitled to any deduction from any such obligations in the event of absence occurring at any time during the school year.

Merit Scholarships that may be applied after the spring NWEA testing:
[] 30% scholarship for placing in the NWEA 99%tile
[] 20% scholarship for placing in the NWEA 98%tile
[] 10% scholarship for placing in the NWEA 98%tile

Adjusted 2017-18 annual tuition rate following a successful spring NWEA \$

BINDING CONTRACT

In enrolling for my child/ren it is my desire to have him/her complete the school year. I have read and understand the registration and withdrawal policies stated above on this form. We agree that we are obligated to pay tuition of for the entire school year and we are not entitled to any deduction from any such obligations in the event of absence occurring at any time during the school year.

This contract shall become binding, after signed by the parents /guardian, and upon acceptance by SAC, and shall be interpreted in accordance with the laws of Illinois. Should any provision of this contract be invalidated by a court or competent jurisdiction, the remaining provisions shall continue in effect.

We acknowledge that we have read and understand all the terms and conditions of the Contract, Student-Family Handbook and affix our signatures hereto. All sections of this document shall remain valid during the duration of the child/ren's enrollment, except for the tuition responsibilities section which will be updated annually.

STUDENT NAME/S: _____

PRIMARY PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: ___ ___ / ___ ___ / ___ ___

SIGNATURE: _____ DATE: _____



HOME OF THE PHOENIX

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ENROLLMENT PAYMENT PLAN

Please keep a copy of the agreement for your records.

Name of Student (s): _____

Annual Tuition Amount: _____

PAYMENT OPTIONS (Please select one of the following.)

CHECKS

- I am submitting my first installment and including nine post-dated checks for the remaining payments.
I am submitting my first installment through credit/debit and will be charged on the first day of each month through May. I understand that there will be a 4% transaction fee on each payment.
This is a check for the full tuition payment and I am receiving a 5% discounted rate.

CREDIT CARD

- I authorize a recurring charge against my credit card for the following amount \$_____ on the first of every month beginning ___/___/_____ and ending after nine payments. I understand that there will be a 4% transaction fee for all credit card payments.
I authorize a one-time charge against my credit card for the following amount \$_____. I understand that there will be a 4% transaction fee for all credit card payments.
This is my initial tuition deposit. I will submit the remaining payments monthly.
This is the full payment for the entire academic year and I am receiving a 5% discounted rate. I understand that there will be a 4% transaction fee for all credit card payments.

Credit Card Authorization & Information

Credit card holder's name _____

Please check here if address is same as listed in the "Enrollment Contract"

Billing Address _____

City, State & Zip _____

Credit Card Number _____

Expiration Date _____ CVV _____

Signature of Card Holder _____ Date _____



ENROLLMENT E-CHECK AUTHORIZATION

I authorize Science Academy of Chicago to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

- One time payment on ___/___/___ for the amount of _____.
Beginning on ___/___/___ and on the 1st day of each month following through ___/___/___ for the amount of \$_____.
Beginning September and on the 1st of each month following through May for the amount owed as detailed on the invoice.
Beginning on ___/___/___ and subsequently debited on the due date for the amount owed as detailed in the Invoice.

Bank Information

Routing Number: _____
Account Number: _____
Account Type: ___ Checking ___ Savings ___ Consumer ___ Business

This payment authorization is to remain in full force and effect by the dates stated above or unless I, _____, notify Science Academy of Chicago of its cancellation by sending written notice in such time and in such manner to allow both Science Academy of Chicago and the receiving financial institution a reasonable opportunity to act on it.

Customer Signature: _____
Customer Printed Name: _____
Date: _____