



Parent/District Agreement for **Full Day** Prekindergarten

Inspiring minds. Shaping lives.

Child's Legal Name (please print): _____ Age: _____

Date of Birth: _____ Student ID/SSN: _____

As Parent/Guardian for the child identified above I understand and agree to the following terms. Residency in SBISD is a requirement for participation in the SBISD prekindergarten program. Residency requirement is waived for employees of SBISD. The prekindergarten schedule will follow the SBISD scholastic calendar:

1. I will provide records showing that my child's immunization requirements have been met by the first day of school attendance.
2. I will provide a change of **labeled** clothing (underwear, pants, shirts, and socks) to be kept at school.
3. I will provide all necessary school supplies.
4. I will notify the school two days prior to withdrawing my child.
5. I agree that my child must remain at the school for the full day at the Early Learning Center and for regular bell times at the elementary campuses.

I am financially responsible for tuition payment. Annual tuition for one child is \$5,355(\$595/mo). If I enroll multiple children, annual tuition for each child after the first is \$4,355(\$484/mo). If my child has been awarded a scholarship, a copy of the application and award is attached to this agreement. Please elect one payment option from the following list and record the amount of tuition you will pay.

- _____ Pay the entire balance due of \$ _____ no later than September 1
- _____ As a SBISD employee, I will make payment of \$ _____ through payroll deduction (attach authorization form)
- _____ Use automatic bill pay to make 9 monthly payments of \$ _____, totaling \$ _____ (attach authorization form)
- _____ Make 9 monthly payments of \$ _____, totaling \$ _____ at the campus my child attends

- **Tuition payment is due on the first day of the month**, beginning September 1 and continuing through May 1.
- Tuition payment is late on the 6th day of the month, at which time a \$25 late fee will be assessed. **Your child will be withdrawn if tuition remains unpaid.**
- This agreement documents tuition payment terms. SBISD will not send monthly bills to Parents/Guardians.
- Checks returned for non-payment will result in a recovery fee per SBISD Check Acceptance Policy.
- Year-end tuition statements will be provided upon request (email diane.ache@springbranchisd.com).

Parent/Guardian signature Date

Parent/Guardian printed name

SBISD Use Only:	
Date Received _____	Payment Amount Received _____
Copy of this agreement with attachments as well as Registration Application sent to Finance _____	