



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 an 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 can 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 Your child will be withdrawn if tuition remains unpaid.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 Vernetta.Shaffer@springbranchisd.com).

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_ Campus \_\_\_\_\_

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