

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

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

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Student ID/SSN last 4 digits: _____

As the Parent/Guardian of 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 will attend school for the full day of instruction.

I am financially responsible for tuition payment. Annual tuition for one child for a complete school year 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. Tuition will be prorated if enrolling after the first day of school.

_____ Pay the entire balance due of \$ _____ no later than September 1

_____ As an SBISD employee, I will make payment through payroll deduction (attach form)

_____ Use Electronic Funds Transfer (EFT) to make 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Your child will be withdrawn if tuition remains unpaid.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 ([contact accounting at 713-251-2420](tel:713-251-2420)).

Parent/Guardian signature

Date

Parent/Guardian printed name

Campus

SBISD Use Only:

Start date: _____ Registration Fee Payment: _____

Copy of this agreement with attachments MUST be sent to Finance upon receipt. _____