

Tuition Payer Agreement

Please note that this document is due at the time of enrollment.

Student Name:	
Program Name:	Campus:
The parent/guardian is responsible for program to (Review the descriptions below to determine tuiti Is an ESA (Empowerment Scholarship Account) R Attends a private school and receives Student Tu	ion eligibility and check the appropriate box) decipient dition Organization (STO) funds
 □ Is a junior applicant who will be a Senior in a 2-ye □ Obtains a General Educational Development (GE □ Is a Foreign Exchange Student □ Moves out of the West-MEC boundary area □ Will Graduate from high school as a senior before 	D) certificate while in a West-MEC Program
Party responsible for payments (if multiple parties	are paying, indicate percentage of responsibility)
□ Self Pay(Parent/Guardian)	
□ ESA * Please note Class Wallet users will incur a 2	2% surcharge on their West-MEC invoice
□ Sponsoring School Principal or Business Office Contact Person:	
School:	Phone number:
□ Other - Payer name:Phone number	Relationship:
	st sign this document. Please describe the arrangement of responsibility in
By signing this agreement, I understand the follow - Tuition for Semester 1 must be paid ten school/bu - Tuition for Semester 2 must be paid one week bef - If tuition is not paid on time, the student may be v - This agreement covers both years of a 2-year prog	usiness days before the 1st day of class. Fore the last school day of Semester 1. Withdrawn from the West-MEC program.
 High school graduates and students with a GED ar Self-advocacy is required for reasonable accommo 	e not eligible for dual enrollment. Odations aligned to industry certification for IEP services. Ist until all resident ² students have been accommodated.
¹ Non-resident applicant is a student who resides in AZ and who ² Resident applicant is a student who resides within the West-M	is seeking enrollment in West-MEC instead of the CTED in which the student resides. EC tax-paying attendance boundaries.
Parent/Guardian Printed Name:	Signature:
If other: Payer Printed Name:	Signature:
FOR WEST-MEC OFFICIAL USE ONLY	
Verified by(School Official):	Date