

2012-2013 TUITION PAYMENT OPTIONS

Please complete this form and return to LCCS along with your registration forms.

Parent's Name: _____

Parent's Address: _____

Person to Bill for Tuition: _____

Email for this person: _____

Church applying family attends: _____

2012-2013 TUITION PAYMENT OPTIONS (PLEASE CHECK ONE)

- 1. One payment option – due by August 1
- 2. Two payment option – due by August 1 and January 1
- 3. Ten month payment option; August 2012 – May 2013 Preauthorized debit on 5th of month Pay by check
- 4. Twelve month payment option; July 2012 – June 2013 Preauthorized debit on 5th of month Pay by check

STUDENT INFORMATION

Please list all LCCS students, highest grade to lowest grade and which program would they like to attend

Student's Name	2012-2013 Grade	Program	AL Code (Office Use Only)
		<input type="checkbox"/> Traditional <input type="checkbox"/> UMS	
		<input type="checkbox"/> Traditional <input type="checkbox"/> UMS	
		<input type="checkbox"/> Traditional <input type="checkbox"/> UMS	
		<input type="checkbox"/> Traditional <input type="checkbox"/> UMS	

FEES AND REGULATIONS

Student records, including report cards, transcripts, and diplomas will be released when all academic and financial obligations have been met.

As parents, we understand and agree to abide by the financial regulations as outlined on the Tuition Rate page:

Father's Signature: _____

Mother's Signature: _____

Date: _____

Authorization for Direct Debit on Back

(Over)

AUTHORIZATION FOR DIRECT DEBIT

I authorize Lancaster County Christian School to initiate electronic debit entries to my:

- Checking Account Savings Account

for my payment of tuition. I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Use 2011 – 2012 banking information or:

Financial Institution Name (Please print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State: _____

A \$25 fee will be assessed if the pre-authorized debit is returned Non Sufficient Funds.

Signature: _____ Date: _____