

TUITION – FULL YEAR CONTRACT

INITIALS: _____

The undersigned agrees that each student is enrolled for the full academic year indicated above and no adjustments, reduction or refund of any fees or other charges will be made by the school for absences, dismissal or withdrawal. In the event that the student(s) is/are absent or fail(s) to complete the school year for any reason (excluding moving or severe illness), all obligations to pay contained herein shall remain in full force and effect. Students are not officially withdrawn until the parent or guardian has signed a withdrawal form.

It is further understood and agreed by the undersigned that this Contract for Enrollment and Financial Agreement is **not** a fractional contract even though the parent may choose to pay the tuition in monthly installments. All obligations to pay contained herein shall remain in full force and effect.

3. Tuition Payment Options

Westwood Schools extends the opportunity for tuition to be paid in full, semi-annually, or monthly. Payment in full on or before June 1, 2018 will receive a 2% discount.

- 1. Annual Due 6/01/18 (Receive 2% discount in tuition)
- 2. Semi-Annual Due 6/01/18 & 12/1/18
- 3. 12 months Due 6/1/18 thru 5/1/19-credit card, debit card, bank draft required

A 12-month payment contract is issued for all families with prior past due accounts with Westwood, for any scholarship recipients, or if no selection is made at registration. A 10-month contract is available upon request (8/1/18 to 5/1/19).

Credit card, debit card and ACH tuition payments are processed on the 5th and 15th of each month. **A 3% transaction fee is charged for credit card or debit card payments.**

Bank drafts/ACH drafts/postdated checks are needed at time of registration.

Return checks and returned ACH drafts are assessed a \$35 charge. ACH Drafts are established for automatic payment following any returned check.

Monthly statements **are not** mailed to parents. It is the responsibility of the parent to submit payment as per contract.

Official communication regarding notices of payments due or late fees is the email address provided on this contract, unless amended at later date by parent.

4. **Late Fees on Tuition:** **Initials:** _____
- a. **For monthly accounts:** Monthly tuition payments are due on the 1st of month and payable by the 10th. Any monthly payment that is not paid timely will incur a **late fee of 10%** of the amount due if the payment is not paid within 10 days of due date. All late fees are strictly enforced. The minimum monthly late fee is \$15.
 - b. **For semi-annual and annual accounts:** Delinquent annual and semi-annual payments will accrue a **penalty charge of \$100 for every 10 days that the payment is late.** When these bills are more than 30 days past due, the contract automatically converts to monthly payments through ACH Drafts.
 - c. If tuition payments, fines, fees and lunch balances are more than **60 days behind**, the student(s) is/are not allowed to participate in any athletic or extra-curricular activity (including summer camps and practices) until payment and late fees are paid.
 - d. If a payment shall become **90 days past due**, the undersigned hereby agrees to withdraw his/her child(ren) from Westwood Schools and understands the remainder of tuition and fees is due.
 - e. **Westwood Schools shall have the right to withhold all school records and transcripts of the above-named student(s).** The undersigned agrees that Westwood will not transfer any reports, transcripts or grades for the student(s) until any and all obligations of the undersigned under the terms of this contract have been met and satisfied. This includes, but is not limited to debts owed to Westwood Schools for tuition, fees, raffles tickets, daycare, fines and lunch charges.
 - f. In the event that Westwood has to use an attorney to collect any outstanding debt related to this contract of enrollment, it is hereby agreed, acknowledged and understood that the undersigned shall be fully and completely responsible for any and all costs of collection; including, but not limited to all attorneys' fees incurred by Westwood.

5. **Other Financial Obligations**

Fundraising:

Westwood budgets for on-going maintenance costs through fundraising projects in its annual operating budget; therefore, each family is responsible for raising \$600.00 during the year through these two programs:

1. \$350.00 Fall Raffle – PAID IN FULL by August 1, 2018
2. \$250.00 Grocery Voucher or SCRIP Gift Card Program – due 2/1/19 (for term of 2/1/18 to 1/31/19)

_____ **No Raffle Option – A parent may elect not to participate in the raffle by adding \$350.00 to their tuition. If this option is selected, you will not be given any tickets and not be entered into the raffle. Please initial if you want to use the “No raffle” option.**

_____ **No Grocery Voucher/SCRIP Option – A parent may elect not to participate in the grocery voucher/gift card program by adding \$250.00 to their tuition. Please initial if you want to use the “No Grocery Voucher” option**

All families are expected to participate in the above unless they make arrangements at the time of registration to have the \$600.00 added into tuition.

All families are encouraged to support all other fundraising projects of the school in an effort to keep our tuition costs as low as possible.

Annual or Monthly Capital Improvement Program:

Major capital improvement projects (i.e. new building construction, new technology lab, replace roof, improvements to gym, auditorium, playground and parking lot) **are not included** in the operating budget but funded by donations to the “Capital Improvement Program”.

Families can choose to support Westwood’s Capital Improvement Program through an annual tax-deductible donation to the Annual Giving Campaign and/or our “WW Supporter” program of a tax deductible gift per month to the Capital Improvement/Building Program.

_____ **Annual Giving Program – I wish to support Westwood’s Capital Improvement Program with an annual gift to the school.**

_____ **Monthly Donor Program – I wish to enroll as a “WW Supporter” for a monthly gift to the school to support the Capital Improvement Program. (see form attached)**

6. Parent Volunteer Commitment for PTO and Booster Club

Parent involvement is needed to support Westwood's PTO and Booster Club activities. Each year Westwood families are required to participate in:

- a. Two PTO/Booster projects (i.e. Work Days/Concession Stands)
- b. Fall Festival

Parents may sign up for specific dates on a first come, first served basis or dates will be assigned. Westwood PTO and Booster Club will assess a fee of **\$200.00** for each occurrence a family fails to work or arrange for a substitute.

In the event that a family fails to complete any mandatory workdays prior to registration, those fines must be paid at time of registration. Any fines incurred after registration must be paid by the last day of school.

7. Registration Procedures

Payments of all outstanding debt must be paid, and all items listed on page 10 are to be completed before a student is considered enrolled.

New students take an entrance examination required by the school and have records and transcripts reviewed by ***Westwood's Academic Admission Committee***. A student must be tested by Westwood within two weeks of registration to hold a place in a class. If not met, place in class may be forfeited.

8. Late Registration

Places are reserved for presently enrolled students who register on or before February 28, 2018. Early registration is strongly encouraged as some classes reach the maximum number of students allowed.

A **late fee of \$200.00** is applied under the following conditions and cannot be added into tuition payments.

- a. Registration forms and signed enrollment acceptance forms **not** completed by February 28, 2018.
- b. Any raffle money not paid from the 2017-2018 school year.
- c. Any grocery voucher money not paid from the 2017-2018 school year.

The late registration fee will be increased to **\$300.00** if the above requirements are not completed by **July 1st, 2018.**

9. **After-School and Daycare Information**

After-school care is available for grades K3-6. Snacks, homework time and recreation activities are provided for students staying past 3:30. Charges are only for days in attendance and are as follows.

2:30-3:00 \$2.00 per day

3:00-5:20 \$6.00 per day

A fee for late pickup of \$5 per 15 minutes is charged for pick up after 5:20. Payment is due by the 10th each month and must be paid **monthly to continue using daycare services.**

A **10% late fee** of the amount due is assessed if the payment is not paid within 10 days of due date. All late fees are strictly enforced. The minimum monthly late fee is \$15

10. **Lunch balances**

Lunch balances are available on PowerSchool. Any lunch balance that **exceeds \$100** per student will incur a **late fee of 10%** of the amount due if the payment is not paid within 10 days of emailed notice. All late fees are strictly enforced. The minimum late fee assessed is \$15.

11. **Additional Important information**

- a. Westwood admits students regardless of race, color, national or ethnic origin, whereas said students are afforded all the rights, privileges, programs and activities generally accorded or made available to all students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, administration of its educational policies, admissions policies, scholarship, and loan programs, and athletic and other school administered programs.
- b. The applicant and the student(s) on whose behalf this application is made agree to abide by all the rules, regulations, and policies stated in the student handbook. Students that cannot or will not abide by the Student Handbook and Code of Conduct will be ineligible to attend Westwood Schools.
- c. Westwood has the absolute right and discretion to, among other things, revoke athletic or extra-curricular activity, suspend and/or expel the student(s) for any scholastic or disciplinary reason; any action and/or omission which, in the discretion of Westwood, reflects negatively on Westwood; or for nonpayment of tuition or other fees.
- d. The Board of Trustees reserves the right to assess each family and/or student such additional amount(s) as shall be necessary in the judgment of the Board of Trustees to meet the expenses and/or requirements of the school.
- e. All students that attend Westwood in grades 7-12 will be required to submit to random drug testing. Parents will complete and return the Student

Substance Abuse Policy parental acknowledgement form at the time of registration.

- f. In order to keep all parties concerned properly informed, please list any additional names and addresses below the applicant's signature other than the applicant.
- g. The Parent(s) agree(s) to relieve any and all officials of Westwood of and for any liability for accidents and/or injuries which may be sustained by the student(s).
- h. The undersigned shall indemnify Westwood for any damage caused to the school property if such damage is caused by the student.
- i. Before your student(s) can attend classes or stay in after-school daycare, the school must have an up to date immunization record (form 3231) on file in the office.
- j. Official communication of school is via BLOOMZ and sent to parents based upon email address provided in this contract, unless amended by parents.

I accept the foregoing terms and conditions and acknowledge that my total obligation hereunder is \$_____.

I tender the sum of _____ and select alternative (_____) as the method of payment for the balance of my remaining obligation.

Submitted this ____ day of _____, 2018.

Applicant's Signature

CO-APPLICANT

If you are responsible for a portion of the tuition and/or fees of a Westwood student, this section must be completed.

Name: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone Number: _____

Business Name & Phone _____

Nature of the financial obligation:

How much have you agreed to pay? _____

When are these payments to be made? _____

Submitted this ____ day of _____, 2018

Co-Applicant's Signature

Accepted this ____ day of _____, 2018

Camilla Schools, Inc.
Westwood Schools

Please check box if information is different from last year's form.

Emergency Medical Information

(Must be filled out completely and notarized)

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

School Year 2018-2019

Student's Name: _____ Grade _____
Home Address: _____ Age: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Male or Female: _____ Race: _____ Date of Birth: _____
Social Security Number: _____ (SSN required for Hope Scholarship purposes)
Date of last tetanus or DPT _____

Name of Resident Parent/Guardian: _____
Father's Name: _____ Email: _____
Address: _____ City: _____
State: _____ Zip _____ Cell Phone Number: _____
Business Name & Phone: _____

Mother's Name: _____ Email: _____
Address: _____ City: _____
State: _____ Zip: _____ Cell Phone Number: _____
Business Name & Phone: _____

Persons to contact in emergency when parents cannot be reached

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Family Physician: _____ Phone(_____) _____
Medical Insurance Company: _____ I.D. _____

List all allergies or sensitivities to drugs, etc.

List any regular or prescribed medication the student is taking: _____

Is there any reason that would prohibit the student to take part in physical education, athletics, or other classroom activity? If so describe briefly: _____

(Written excuse from physician must be on file in the office to excuse a student from participation in P. E. classes) Check one:

() Yes () No, my child may be (may not be) given Tylenol at school for minor headaches.

() Yes () No, my child may be (may not be) given Benadryl if any allergic reaction occurs.

In the event that I/we, the persons designated above, or our physician, cannot be reached first; or in the event of an emergency requiring immediate medical attention, I/we further hereby authorize Westwood, its faculty/staff, or agents to transport my/our child to a hospital. I/We further authorize the physicians at said hospital to carry out any and all medical procedures necessary. I also authorize the school to treat your child for any minor injuries or sickness that may arise during the day. (Example: cuts, bruises, etc..) I give my consent for the faculty/staff of Westwood or qualified medical personnel to act on my behalf in securing and administering necessary medical care and treatment for my child.

Date: _____

Signature of Parent/Guardian: _____

Notary Signature: _____

(Notary Seal)

(This form must be notarized and is valid for one school year.)

Westwood Schools - Enrollment Acceptance Form

_____, (Parent or Legal Guardian) submits the following and payment for 2018-2019 school year on behalf of the following students:

STUDENT(S)	GRADE	TUITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Discount		()
Sub Total Tuition		_____
Building Fee (\$400 per family)		_____
Technology Fee (\$100 per student)		_____
Raffle (if not participating, please add \$350)		_____
Grocery/Scrip (if not participating, please add \$250)		_____
<u>Optional</u> PTO Membership (\$10.00)		_____
<u>Optional</u> Donation towards Annual Campaign		_____
TOTAL 2018-2019 Obligation		_____

CHECKLIST OF FORMS:

Enclosed are the following completed items for the above student(s) enrollment

- 1 2018-2019 Westwood contract all grades
- 2 Payment of Registration Fee..... all grades
- 3 Completed Drafts/Posted Dated Checks..... all grades
- 4 Emergency Medical Authorization Form for each child..... all grades
- 5 Updated information sheet: Parent/Grandparent..... all grades
- 6 Parent Acknowledgement of Policy Form all grades
- 7 Form 3231—Current Shot Record..... if needed
- 8 Form 3300---Hearing/Vision Screening..... K4 & K5 only
- 9 Copy of Birth Certificate..... K3, K4 & new students
- 10 After FEBRUARY 28, 2018 Late Fee all grades
- 11 Annual or Monthly Capital Campaign..... all grades
- 12 Tuition Assistance Application..... If applicable
- 13 GOAL Supporter Enrollment Form..... all grades
- 14 Admission test for Acceptance..... new students

I understand that until all of the above information has been completed, submitted and accepted by Westwood, registration is not complete and late fees may be incurred.

ACCEPTED, this _____ day of _____ 2018
 Camilla Schools, Inc. BY: _____

Camilla Schools, Inc. D/B/A Westwood Schools
Parent Acknowledgment Form of School Policy Handbook

I/We the undersigned parent(s) or legal guardian(s) of a Westwood student hereby acknowledge that the following documents are available on-line at www.westwoodschools.org . The undersigned has reviewed and agrees to the terms stated in each policy found on the school's website.

- 1. STUDENT SUBSTANCE ABUSE POLICY (7th – 12th grades)**
- 2. ACCEPTABLE USE POLICY – User ID to access network (5th – 12th grades)**
- 3. POLICY HANDBOOK – all grades**

Student Name _____

Student's Signature _____

Student Name _____

Student's Signature _____

Student Name _____

Student's Signature _____

Student Name _____

Student's Signature _____

Student Name _____

Student's Signature _____

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Date

Westwood Witness

Date

GOAL Scholarship Criteria and Westwood Tuition Assistance Program

Adopted 9-21-16

Westwood School is a school for students who are truly interested in a top-quality college preparatory school experience. As a private school, tuition charges commensurate with the provision of such a program are necessary. In recognizing that some families may not be able to provide the full amount of tuition required, a tuition assistance program is available for up to 50% scholarship to qualified applicants. The average assistance is \$1,200. Guidelines and applications for assistance are found at www.westwoodschoools.org. or by contacting the Westwood office.

GOAL Enrollment Form - 2019

Over 150 Westwood families or business supporters redirect a portion of the Georgia Income Tax Liability each year to Westwood. This program brings in over \$300,000 annually to Westwood at **NO COST** to families. You may choose to send a portion of what you already owe in taxes to Westwood and receive the same amount back as a tax credit. If you are interested in enrolling for the 2019 tax credit or obtaining more information, please complete the information below, and you will be contacted by Paige Johnson, Goal Coordinator.

Parent Name: _____

How it works.....You will be billed in March 2019 from GOAL and will receive the full amount back when you file your 2019 income tax return. Westwood receives full amount in August 2019.

Parent and Grandparent Information Sheet

Thank you to the Grandparents' Club for always supporting Westwood each year with a generous donation. All Grandparents are welcome to volunteer.

Student Name(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Parents Name _____

Address _____

_____ Phone _____

Email _____

Grandparents Name _____

Address _____

_____ Phone _____

Email _____

Grandparents Name _____

Address _____

_____ Phone _____

Email _____

Grandparents Name _____

Address _____

_____ Phone _____

Email _____

Authorization Agreement for Credit Card Payments

The Authorization Agreement for Credit Card Payments Form or the Debit Authorization Form is **required for all contracts**. The account will only be charged if payments are not made by the due date.

NOTICE: The official communication method regarding notices regarding payments and/or late fees is the **email address** that is provided on this contract.

NAME _____

EMAIL ADDRESS: _____

**** A 3% transaction fee is charged for all credit card or debit card payments****

I (We) authorized Camilla Schools to initiate debit entries to my

 VISA/MASTERCARD (choose one)

Card Number _____

Expiration date is _____

3 digit verification code _____

Set amount _____

Choose the 5th or the 15th as your payment date.

Start Date _____ End Date _____

Printed Name: _____ Phone Number _____

Signature: _____

Date: _____

Please attach a copy of front and back of your card.

DEBIT AUTHORIZATION

I _____ hereby authorize Camilla Schools, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for _____. I _____ acknowledge that the origination of ACH transactions to my _____ account must comply with the provisions of U.S. law.

Financial Institution: Camilla Schools DBA: Westwood Schools
Address: 255 Fuller Street - P O Box 528
City/State/Zip: Camilla, GA 31730

Routing Number: _____
Account Number: _____

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): _____

Frequency (Weekly, Monthly etc..) _____ Start Date: (if recurring): _____

Date of Debit (s): _____

If the debit is recurring and the date of debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts of the company must send, based on the NACHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven days in advance of the debit.)

This authority is to remain in full force and effect until Company has (received written notification from me (or either of us) or describe your process for revocation of the authorization) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Name: _____
Phone Number _____

Signature: _____
Date: _____

*****If this information has changed from the previous year, please attach a VOIDED Check*****

Monthly or Annual Donors
Capital Campaign

Yes! I want to help Westwood Schools and support our "Capital Needs" by making a monthly or annual contribution.

ANNUAL: _____ Please contact me to support the Annual Capital Campaign

MONTHLY: _____ Please add me to the monthly donor list for the Capital Campaign

OPTIONS:

_____ Please bill me monthly

_____ Please charge my credit card on 15th of each month (see below)

_____ Please draft my bank account on 15th of each month (see below)

AMOUNT:

_____ \$ 25/month

_____ \$ 50/month

_____ \$ 75/month

_____ \$100/month

_____ Other Amount

CREDIT CARD:

Card Type: Mastercard or Visa

Card Number _____

Expiration date _____

CVV# (3 digit verification code) _____

BANK DRAFT:

Bank Account Number: _____

Routing Number: _____

I hereby authorize Westwood Schools to draft my account described above, for the amount specified above, on the 15th of each month, and until this authorization is revoked in writing.

Account Holder Signature

HOW IS WESTWOOD FUNDED?

PART A – Tuition and Fees (70% of BUDGET):

Your tuition and fees in this contract provide personnel costs **ONLY** (teacher and staff salaries).

PART B – Fundraising (30% of BUDGET):

Fundraisers provide operational costs (all expenses of school such as utilities, insurance, fuel, etc.). We depend on fundraisers to keep tuition costs as low as possible.

PART C – Major Gifts for Capital Improvement (NOT in Budget):

Annual or Monthly donations provide funds for capital improvement and major projects.

Grandparents' Club provides generous support each year.

Grants and gifts from businesses, foundations or trusts are applied for each year.

The average cost per child at Westwood is over \$7,600. In an effort to maintain our tuition at far below our actual cost per child, each family is asked to support Westwood through both fundraisers and annual giving.