



AT FIRST BAPTIST CHURCH

HIGH SCHOOL CONTRACT
2022-2023 SCHOOL YEAR

WALTON COUNTY, GEORGIA

APPLICATION IS HEREBY MADE BY _____ (Parents Name)

FOR _____ (Childs Name)

An Enrollment fee of **\$525** must be paid **at the time of registration**; this covers supplies, books and technology for the year. The enrollment fee must be paid in full for all students. **This is a non-refundable fee.**

I desire to have my child enrolled in the following grade (circle one):

- 9TH Grade.....\$530/Month for 10 months: \$5300/Year
- 10TH Grade.....\$530/Month for 10 months: \$5300/Year
- 11TH Grade.....\$530/Month for 10 months: \$5300/Year
- 12TH Grade.....\$530/Month for 10 months: \$5300/Year

Tuition is payable monthly by the 1st of the month, August thru May. There will be a **\$25 Late Fee after the 10th of each month.** There will be a \$25 Fee for all returned checks. There will not be a discount for the months with holidays and breaks.

If you have more than one child enrolled in Social Circle Christian School the Tuition will be discounted as follows:

- 2ND Child receives a 20% Discount
- 3RD Child receives a 25% Discount
- 4TH Child is Free

Tuition payments are made August thru May. **There is a \$100 Withdrawal Fee to cancel the contract during the year.**

Obligation to Social Circle Christian School at First Baptist Church: **In the event the child’s residence and that of said child’s parent shall be removed from the area served by the school, this contract may be cancelled. The deposit, books, supplies and any payment made prior to the cancellation will not be refunded.**

Each parent hereby relieves the First Baptist Church and all employees of First Baptist Church, Social Circle, Ga, and the Headmaster, Principal, Teachers, The Board of Deacons, Trustees and Social Circle Christian School Board of Directors of First Baptist Church, Social Circle, Ga from liability for any injury to any child enrolled in the school. Each parent also waives any responsibility on the part of the aforementioned for any accident or injury, which might be suffered by any child or by the parents, relatives, or friends of the child.

I ACCEPT THE TERMS OF THIS CONTRACT _____
PARENT/ GUARDIAN SIGNATURE & DATE

ADDRESS _____
STREET/PO BOX CITY, STATE ZIP CODE

TELEPHONE NUMBER _____