

**Tuition and Fees
2025-26 School Year
Adventist Christian Academy of Charleston**



Date: _____

Student's Name:

1. _____

2. _____

3. _____

Registration Fee for grades K-8: **\$430** per student (payable at time of registration)
This includes curriculum materials and student insurance

ENROLLMENT K-8

Member of the Seventh-day Adventist Church

| | <u>Family Cost per Year</u> | <u>10 Payments</u> |
|-------------|-----------------------------|--------------------|
| 1st Student | \$4950 | \$495 |
| 2nd Student | \$4250 | \$425 |
| 3rd Student | \$3950 | \$395 |

General Public

| | | |
|-------------|--------|-------|
| 1st Student | \$5700 | \$570 |
| 2nd Student | \$5300 | \$530 |
| 3rd Student | \$5100 | \$510 |

Annual Tuition Total: _____ Monthly Payment: _____

FEES ARE NON-REFUNDABLE

I understand the terms, conditions, payment of registration, tuition and other fees. I understand that the monthly payment is payable on the 1st. of each month. Payment received after the 10th of the month will incur an additional charge of \$25.00 per student. I have read the Statement of Cooperation (on the back) in its entirety and agree to and will abide by the rules and regulations stated there and in the Adventist Christian Academy manual.

I declare that I have legal custody of the children listed in this application and that I am authorized to sign any document with respect to them.

Parent or Guardian Signature: _____

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Declaration of Cooperation

The signature on the front of this page indicates that they are responsible for making regular and timely tuition payments for each child enrolled.

1. Failure to pay delinquent sums within 30 days may result in suspension unless arrangements are made with the school treasurer. The student will be dismissed from school if enrollment is delinquent for 60 days. I understand that I will not be given transcripts, records, or report cards until I bring the bill current. I also understand that any legal or collection fees will be passed on to me as part of the unpaid bill.
2. I understand that I am under contract with Adventist Christian Academy for full school year tuition, unless the school board approves the release of payment in writing.
3. We pledge our allegiance to the goals and ideals of the school and I will bring any questions or criticisms directly to the teacher so that the administration and those in authority can properly consider them.
4. I give permission for my children to participate in all school activities, including school-sponsored sports and off-campus field trips, and I absolve the school of liability for any injury to me or my child caused at school or during any school activity.
5. If the school is unable to contact me in the event of a serious illness or accident, I authorize the school to call our doctor and follow his instructions. If it is not impossible to contact our doctor, the school can make arrangements as needed. (See Consent to Processing in Case of Emergency)
6. Adventist Christian Academy and Charleston SDA Church will not be responsible for charges not covered by student insurance.
7. If there is any legal action, for any reason, that is made against Adventist Christian Academy, or its employees, or other agent thereof on behalf of my child and they are found guilty, I will pay the attorney's fees, damages or other expenses that Adventist Christian Academy and its agents may incur defending against such action.
8. If any provision of this Agreement is held to be invalid, the remaining sections shall remain in full force and effect.
9. I understand that if my child is transferred to another school, records will be mailed to the new school only upon receipt of an application. Official records will not be given to parents.

This school has an open admissions policy about gender or race. Discrimination against any student on the basis of gender or race is not permitted.

False information submitted may/will be cause for immediate expulsion and other actions may be taken.

Parent's Signature: _____