

Shenango Valley
Faith  Academy

100 W. Ridge Ave., Suite C; Sharpsville, PA 16150
Phone: 724-815-4115 FAX: 724-383-3378 email: info@svfaithacademy.com

2013-2014 SVFA Financial Agreement

I/We, the parent(s) of _____, commit to pay tuition totaling \$_____ for the 2013-2014 school year. Tuition will be paid in _____ payment(s). The first payment of \$_____ will be paid on or before _____, with all remaining payments being \$_____ each. I/We understand account statements will be sent at the beginning of each month with payment being due by the 15th. Curriculum fees are in addition to agreed upon tuition and will be billed monthly.

Furthermore, I/we agree that should we choose to withdraw said student or the student is withdrawn by the administration for student misconduct, we may be held responsible for any remaining tuition balance for the 2013-2014 school year. In addition, I/we acknowledge all monies paid in advance are non-refundable. I/we understand that student records will not be transferred or released until all accounts are paid in full.

Parent Signature _____

Date _____

Parent Signature _____

Date _____