

STATEMENT OF COOPERATION

Please Initial

____1. We, the parents/guardian of the within named student, certify that we fully comply with the philosophy and statement of faith of MCA and will cooperate with teachers and administration in the educational process of our student.

____2. We hereby invest authority in the school to discipline our student as may be deemed necessary. We further agree that we will cooperate and discipline our student at home when needed.

____3. We understand that assessments will be made to cover damage to school property, including breakage of windows, abuse of books, etc., caused by the student.

____4. We understand the policy of the school is to make no refunds of registration fees. We understand if a student(s) withdraws anytime during the school year after August 1, a withdrawal fee equal to 10% of tuition will be assessed.

____5. We understand that if tuition payments are made as arranged a late fee of \$50.00 will be assessed if account becomes 1 month in arrears. Student(s) will not be allowed to remain in school if account becomes 2 months in arrears. We further understand that report cards will be held and grades will not be released until account is cleared or satisfactory arrangements are made with our accounting dept. In the event of non-payment it is understood that parent, legal guardian, or person responsible for the bill will pay all fees of collection.

____6. Final transcripts will be released upon payment of account. We understand that no student can graduate until account is clear.

____7. We accept the responsibility to see that the student fully complies with all school policies and rules at all times.

____8. We accept responsibility to see that the student meets the school dress code.

____9. We also give permission for our student to take part in all school activities, including sports and school sponsored trips away from the school premises and absolve the school from liability to us because of any injury to our student at school or during school activities.

____ **I have read and agree to abide by all of the above policies.**

Parents Signature: _____ Date: _____

_____ Date: _____

Please circle the payment method you will be choosing.

1. FACTS- Automatic payment withdrawal from your checking or savings account.(If you were on the FACTS program last year, your payment plan will be automatically reinstated.)
2. Single Payment-due August 15th to receive discount
3. Semester Payment-due August 15th and January 15th to receive discount