**Holy Trinity Episcopal Day School**

**193 Old Greenville Highway 🞘 Clemson, SC 29631**

Church: (864) 654-5071 School: (864) 654-0298 **Enrollment Contract: 2023-2024**

1. Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

1. The undersigned Parent(s) and/or Guardian(s) (the “Financial Guarantor”) of the student named above wish to enroll the Student in the **5 Day Class and Full Time Extended Care** at Holy Trinity Episcopal Day School (the “School”). By his/her signature below, the Financial Guarantor agrees to pay the “Annual Tuition Amount” as defined in Paragraph 3 in the manner required by the Enrollment Contract (the “Contract”).

1. The Financial Guarantor choses to pay the NON-REFUNDABLE/NON-TRANSFERABLE Annual Tuition Amount due for the 2019-2020 School Year according to the payment plan indicated below:

**The total Annual Tuition Amount (“Annual Tuition”) due for the 2023-2024 School Year shall be the sum of $6420.** I will pay the Annual Tuition in ten (10) equal Monthly Tuition installments of **$642** due on the 15th of each month beginning in August. The **first installment will be due by August 1, 2023** and the **final payment will be due by May 1, 2024.** There will be a $20 late fee added to your bill for any payment made later than the 15th of the month.

1. The Financial Guarantor understands that the total Annual Tuition Amount is due regardless of the student’s absence and that there will be no interruption of payment for illness, scheduled closings, emergency closings, or absence.
2. In the event of cancellation of early morning care or extended care, the fees for the cancelled days with be credited to the student’s account.
3. The Financial Guarantor understands and agrees that the student will not be allowed to attend classes at the School unless the Monthly Tuition referred to in Section 3 has been paid in full. The Financial Guarantor seeking re-enrollment in the School also understands and agrees that the student will not be allowed to attend classes at the School unless all monies due to the School from the prior year are paid in full and their account is in good standing.
4. The Financial Guarantor understands and agrees that in signing this Contract for the coming School Year, he/she is agreeing, for himself/herself and for the student to accept and abide by the Rules and Regulations of the School. The School reserves the unconditional right to suspend, expel, or ask not to return to the School any student, at any time, for academic, behavioral, or attitudinal reasons if it concludes that the School is not an appropriate school for the student or the student’s family.
5. In the event the student must be withdrawn prior to the end of the School Year, the Financial Guarantor must notify the Director in writing at the above address at least 30 days prior to the withdrawal. If less than 30 days’ notice is provided prior to withdrawal, the Financial Guarantor understands that a full Monthly Tuition installment remains due by the 15th of the next month, regardless of whether or not the student attends. This is in addition to any current and/or outstanding invoices owed at the time of withdrawal.
6. The Financial Guarantor acknowledges that he/she has carefully read and understands this Contract, and that he/she is executing this document voluntarily and without duress or other outside influence.
7. This Contract contains the entire understanding of the parties hereto and supercedes any and all prior negotiations, understandings and agreements in regard hereto.
8. Additional matters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian Financially Responsible for Student (Financial Guarantor):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_

Signature of Father/Legal Guardian Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Mother/Legal Guardian Address (if different from above

**Accepted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Holy Trinity Episcopal Day School Director