

Enrollment Agreement

Family name: _____

Student name(s): _____ Grade for 2023-2024 school year: _____

First	Last

My/Our signature on this document indicates my/our intent to enroll my/our child(ren) for the entire 2023-2024 academic year. I/We accept financial responsibility for all tuition and fees accrued. There are circumstances that occur throughout the year that prohibit the continuation of education at Holy Spirit Regional Catholic School (HSRCS) such as a transfer or other extenuating events. If this occurs, I/we will notify the school of my/our expected transfer date as soon as possible.

Tuition is based on a full month. The fact that tuition is payable in monthly installments does not constitute a pay-per-month agreement. The first payment collected in July is nonrefundable. Families choosing to pay by semester or annually will be refunded accordingly. I/We understand that no student's semester and/or final exam grades will be posted nor released until all tuition and fees are current, all text and library books are turned in, and sports uniforms are returned.

This agreement is made with the understanding that HSRCS reserves the right to request the withdrawal of any student who does not meet its academic requirements or fails to conform to its rules and regulations. Families accept and assume responsibility for all financial charges accrued. If a student is expelled from HSRCS, financial obligations will cease on the last day of the month which the child was expelled, provided the student's account is current and up-to-date. Parents who are in a divorce or a separation situation are hereby notified that both parents will be treated equally unless there is a court order or written document to the contrary in the student's file.

I/We understand this agreement allows HSRCS to provide appropriate staffing for an excellent academic environment. The signature on this document confirms my/our intent with respect to the year-long education of our child(ren). I/We acknowledge that as the school moves towards reaching its vision, proper staffing is critical and therefore I/we request the best faculty/staff to be put into place.

Signature of parent/guardian responsible	Print name	Date
Signature of parent/guardian responsible	Print name	Date