

SOMERVILLE CHRISTIAN SCHOOL

205 Henry Drive
Somerville, TN 38068
Telephone: 901-465-2870

Please complete and return to office staff.

Date: _____

Student Name: _____

(Last)

(First)

(MI)

Student Address: _____

(Street Address/PO Box)

(City)

(State)

(Zip)

Phone Number: _____

Birthdate: _____ Social Security Number: _____

Grade Applying For: _____

Number of years attending Somerville Christian School (including this year): _____

Name of school last attended (if not Somerville Christian School):

Address of school last attended:

(Street Address/PO Box)

(City)

(State)

(Zip)

PARENT/LEGAL GUARDIAN INFORMATION

Name(s): _____

Address: _____ **Same as student**

(Street Address/PO Box)

(City)

(State)

(Zip)

Home phone number: _____

Work phone number: _____

Cell phone number: _____

EMERGENCY CONTACT INFORMATION:*(Please list two contacts)*

Name: _____ Relationship: _____

Contact phone number(s): _____

Name: _____ Relationship: _____

Contact phone number(s): _____

Name(s) of person(s) authorized to pick up your child(ren) from

Somerville Christian School:

DOCTOR INFORMATION

Doctor's name: _____

Doctor's phone number: _____

Insurance: _____ **Preferred Hospital:** _____

List all known allergies: _____

List any known medical/health problem(s) and medication(s) regularly

taken:

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Financial Contract for School Year 2024-2025

_____ Option A: Day School Program for grades K - 9th:

Registration Fee (due upon registration) \$450.00

Building Fee (due by October 15th) \$200.00

General Tuition. \$3,250.00

Total Cost. \$3,900.00

Monthly Payment for Ten (10) months. \$325.00

Students who register after July 1, 2023, will be charged a late registration fee of \$50.00

_____ Option B: Home School Program for grades K-12th:

Registration Fee (due upon registration) \$450.00

General Tuition \$800.00

Total Cost. \$1,250.00

Monthly Payment for Ten (10) months \$80.00

Students who register after July 1, 2024, will be charged a late registration fee of \$50.00

Financial Contract 2024-2025, p.2

I agree to pay all cost and fees listed above for Option . I understand there are NO refunds on any of the cost and fees that I have agreed to pay. I understand that the first tuition payment is due on Aug. 15, and subsequent tuition payments are due on the first of each month without exception. A ten percent (10%) late charge will be added to the monthly tuition payment if received after the fifth of the month. If the monthly tuition has not been rendered by the fifteenth of the month, the student enrolled will not be allowed to attend further classes at Somerville Christian School unless other acceptable arrangements have been made with the administration. *I also understand that if the student enrolled is dismissed or withdrawn from Somerville Christian School for any reason, including non-payment of tuition owed, I will not receive a refund for payments made, and I am still responsible for paying all the remaining tuition balance and fees to Somerville Christian School.* Student transcripts will not be released until all outstanding fees and balances have been paid in full.

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Name of student enrolled: _____

I, _____ , understand the terms of this financial contract.

I agree to enter this contract with Somerville Christian School.

Date

Parent/Guardian Signature

Date

Somerville Christian School Faculty Signature