



NORTH READING PUBLIC SCHOOLS

“Pursuit of Excellence”

APPLICATION & TUITION AGREEMENT FOR FULL DAY KINDERGARTEN 2017-2018

TUITION INFORMATION: The total tuition due is \$4,250.00. A non-refundable \$250.00 deposit is due at the time of registration. Four equal payments of \$1,000 are due as follows:

PAYMENT SCHEDULE:	DUE DATE:	AMOUNT DUE:
Payment # 1	6/1/2017	\$1,000
Payment # 2	9/1/2017	\$1,000
Payment # 3	12/1/2017	\$1,000
Payment # 4	2/1/2018	\$1,000

Refund Policy: Deposit: Non-refundable
 1st Payment: 75% if withdrawn by 8/1/17; 50% if withdrawn by 9/1/17
 2nd Payment: 50% if withdrawn by 10/1/17; 25% if withdrawn by 11/1/17
 No refunds available after November 1st

If your family is eligible for free & reduced lunch, you may qualify for a tuition reduction. Applications are available on our website: <http://www.north-reading.k12.ma.us/food-services/pages/free-and-reduced-lunch-information>

PARENT(S)/GUARDIAN(S) PLEASE COMPLETE:

STUDENT LAST NAME:	FIRST NAME:	SCHOOL:	STUDENT D.O.B.	HOME ADDRESS:

PARENT/GUARDIAN EMAIL:	HOME PHONE:	CELL PHONE:	WORK PHONE:

After the lottery is conducted, openings may be available at one of the other elementary schools. In the past, we have allowed students/families the opportunity to "open enroll" in another school to fill these openings. **This is a one-year agreement and the parents/guardians are responsible for student transportation to and from school. The student will return to their home district school for first grade.**

If my/our child(ren) are not placed in our district school for full day kindergarten, I/we would be interested in "open enrollment" at one of the other elementary schools if available: YES: NO:

TUITION AGREEMENT:

By signing below, I understand that tuition payments are due according to the schedule outlined above. Failure to adhere to the payment schedule may result in my child(ren) being withdrawn from the Full Day Kindergarten program. I further understand that the North Reading Public Schools are unable to offer payment plans.

PARENT/GUARDIAN SIGNATURE:	DATE:
PLEASE PRINT NAME:	

Office use only; please do not write below this line

Deposit Date Rec'd: _____	Check # _____ -or- Online Payment Conf #: _____
Payment #1 Date Rec'd: _____	Check # _____ -or- Online Payment Conf. # _____
Payment #2 Date Rec'd: _____	Check # _____ -or- Online Payment Conf. # _____
Payment #3 Date Rec'd: _____	Check # _____ -or- Online Payment Conf. # _____
Payment #4 Date Rec'd: _____	Check # _____ -or- Online Payment Conf. # _____