

Student Name _____ ID# _____ Date _____

Financial Agreement Details:

- Andrews Academy tuition charges for the 2025-2026 school year is \$10,650.00. Tuition will be charged in ten equal billings of \$1,065.00 due by the 25th day of each month. The first month’s tuition is due 2 weeks prior to the first day of classes on or before Monday, August 4, 2025.
- To enroll in Andrews Academy, each student must either (a) pay her/his prior account in full or (b) enter into a Payment Plan.
- A “Payment Plan” is a contractual agreement entered into by the student’s parent(s) and Andrews Academy. A Payment Plan must: (a) provide for full payment or (b) provide for payment in full of any prior balances including the first of 10 monthly payments.
- **To continue enrollment** in Andrews Academy, all student accounts must either be paid in full or Payment Plan obligations met. If a student account becomes more than 60 days past due, or if a Payment Plan obligation becomes more than 60 days past due, the student will be asked to withdraw from Andrews Academy. Any exceptions to this policy must be approved by the AA Board Finance.
- Student accounts/payment plans must be current to participate in tours. Where accounts are 60 or more days past due, any payments submitted towards a tour will be re-directed to the student’s account.
- Seniors will not be permitted to participate in graduation weekend ceremonies unless their account has been paid in full. Any exceptions to this policy must be approved by the AA Board Finance.

I understand one of the following must be paid on or before Monday, August 4, 2025:

- Full tuition payment of \$10,650.00.
 - First month’s tuition payment of \$1,065.00.
 - Approved payment plan, first month’s tuition payment of \$_____.
- (Applies to monthly payments of \$1,065.00 less discounts: employee subsidies, financial aid, etc.)

My signature below indicates I agree with the above financial agreement and am aware of the **additional charges** that may apply as per attached schedule. I understand that transcripts or diplomas will not be released until this account is paid in full. I assume financial responsibility as outlined in the Andrews Academy *Sourcebook* and agree to pay all charges incurred by the student at AA in the month that they are billed. We further agree if non-payment occurs, to pay reasonable costs of collection and attorney fees. Please note a carrying charge of 1% per month will be assessed on unpaid balances for the month.

Parent/Guardian’s Signature

Spouse’s Signature

Print Name and Date

Print Name and Date

Office Use Only

Authorized Signature _____ Title _____ Date _____