



TRUE VINE ACADEMY

"Shaping the future through Christian Education"

FINANCIAL AGREEMENT

Student's Name: _____ **Parent(s) Name** _____

Covering School Year: _____ **Date:** _____ / _____ / _____

This Financial Agreement is made between True Vine Academy and the parent(s) or legal guardian(s) of the student named above. In consideration of the services provided by True Vine Academy, the parent or guardian agrees as a condition of enrollment of their student(s) to abide by the terms and conditions of this agreement as follows:

Please initial each line.

_____ 1. The parent will pay the school all applicable tuition and fees as described in the Tuition and Fees Schedule and the Financial Agreement in the manner and at the time required therein.

_____ 2. The parent agrees that the parent and child are required to comply with all health, safety, and discipline policies of True Vine Academy including but not limited to those contained in the TVA Parent/Student Handbook. The parent will cooperate fully with True Vine Academy to ensure full compliance with all rules and policies. (Handbook available by request)

_____ 3. The parent will complete and return all questionnaires and forms given to the parents by True Vine Academy. Prompt return of complete and accurate documentation by the parent is a condition of enrollment.

_____ 4. The parent agrees that enrollment may be terminated by either party without cause and that the parent is responsible for any fees and costs incurred prior to termination of enrollment.

_____ 5. Parent agrees to keep the school informed of any medical and/or behavioral concerns of their child throughout the time of the child's enrollment and that the parent has received a "Consent and Medical Authorization Forms."

_____ 6. The parent agrees to pay for any property damage or medical services resulting from child's care and acknowledges that True Vine Academy cannot be responsible for child's lost or damaged property.

_____ 7. The parent acknowledges that he/she has had adequate opportunity to investigate, and has in fact investigated the curriculum, Statement of Faith, Mission Statement, Philosophy, handbook, equipment, facilities, teaching methods administration, safety procedures and discipline policy of True Vine Academy. The parent agrees that a child's continued enrollment at True Vine Academy School will be deemed acceptance and satisfaction of the school's services.

_____ 8. The parent agrees to comply with all requests of True Vine Academy reasonably necessary to accomplish the school's purpose.

_____ 9. The parent agrees that any complaint he/she may have concerning True Vine Academy will first be directed to the child's teacher and not directed to other parents or children. If the parent remains unsatisfied, then any complaint will be presented to the school's Principal.



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——10. The parent agrees that as a condition of enrollment, he/she will submit to binding arbitration instead of civil litigation in the event of an unresolved dispute.

——11. The parent understands and agrees that violation of the school's tenets of faith, discipline policy, safety procedures, handbook regulations or this admission agreement by the parent or student is grounds for the student's discipline or termination of this agreement and the student's enrollment.

——12. Tuition and Fees Schedule (Please note other fees and expenses related to optional specific course offerings, extra-curricular expense, lunch, t-shirts and other matters related to the normal course of school may apply. Below is the general listing of Tuition and Fees only.):

—— A. **Registration** (a non-refundable fee): **\$250.00**

This fee reserves the student's position, covers the cost of registration, grade placement, office record-keeping, Achievement Testing, and NAPS membership. This fee is non-refundable.

—— B. **Curriculum Fee** (a non-refundable fee.): **\$450.00**

This fee MUST be paid no later than August 5th for students enrolled for the entire prior school year. This fee is curriculum expense fees and is non-refundable.

—— C. **Resource Fee** (a non-refundable fee.): **\$375.00**

This fee MUST be paid no later than August 1st for students enrolled for the entire prior school year. For students enrolling after August 1st, this fee is due upon enrollment. This fee is expense related to internet security/technology upgrade fees and is non-refundable.

—— D. **Testing Fee** (a non-refundable fee.): **\$200.00**

This fee MUST be paid no later than February 5th. This fee covers all testing materials, and scoring. All True Vine School students (K-12) and Opportunity Grant students must test.

—— E. **Separate Billing Fee:**

Each family will be issued one statement for their account. Should parents/guardians living in separate households' request that their bill be divided between the households, a fee of \$10/month per additional account will be charged. However, it is understood by both parties that they are equally responsible for the full amount of the account. Should one party refuse to pay, the other party will be held equally responsible for the unpaid amount.

[] Please divide our account as follows:



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____ **F. Late Payment Fees:** A late payment fee of \$50.00 for the first month and 10% of the balance due the second month will be assessed for late payment. Payment is due on the 1st of each billing month and delinquent on the 5th of that month. Payments received after the 5th of each month shall be subject to late payment fees of as above. Since payments are due on the 1st of the month and a grace period of four (4) days has been given to allow any delays, all late accounts will incur a late charge after the 5th of the month. In the event that the 5th falls on a Saturday or Sunday, payment should be made on Friday BEFORE the 5th. Should school be unexpectedly closed on the 5th of the month (as in the case of inclement weather), late charges will be delayed until the day after school resumes.

____ **G. Check Processing Fees:**

I understand that payment by check is NOT preferred. When cash is used, the correct amount should be given as the school does not have the means of making change. Any checks that are returned to TVA by the bank for any reason, shall be assessed a fee of \$45.00 per check. After the first returned check, I understand that my account will be on a cash/electronic only basis.

____ **H. Student Financial Suspension Policy:**

The basic policy is that any student's tuition overdue beyond the 5th of the month following the billed month is cause for suspension until the entire bill is paid in full. (For example: if the January bill is not paid, it is delinquent on the 6th of January; if it is not paid by February 5th, the student will be suspended on February 6th until both months are paid in full including all late charges.) Students will not be permitted to take semester examinations if the account is delinquent or if textbooks, equipment, and resources have not been returned at the end of the school year. I understand that there will be a financial hold on my child(ren)'s report card(s) and school records if payment is not current at the end of each grading period. This financial hold will remain in effect until the account is current. Charges will be billed each month on or about the 20th. This amount MUST be paid by the 5th of the following month or late fees as described above will apply.

I understand if my account is delinquent on the 2nd month my child(ren) will not be permitted to attend until the account is satisfied.

____ **I. Early Withdrawal:**

I understand that TVA is non-profit organization that prepares budgets and hires staff based upon the commitments my family is making to enroll my student for the entire school year. If I withdraw my student(s) from TVA I am still responsible for the month of the withdrawal tuition plus a \$500 withdrawal fee. I (We) understand that Tuition and Fee Schedules are set annually by TVA with the intention to make every attempt to hold them to their lowest level while allowing TVA the ability to provide: a quality education, an enriched student life, fair faculty and staff compensation, and a fiscally responsible financial position for the organization.



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____ J. Full Out of Pocket Tuition

-Tuition \$6000.00
-Resource Fee \$375.00
-Testing Fees \$200.00
-Curriculum Fee \$450.00
-Registration \$250.00

and subsequent payments by the 5th of each month

Please Initial Your Out of Pocket Expense Option

____ **Option 1.** Full out of pocket amount of \$7275.00 due September 25th

____ **Option 2.** Two Payments of \$3637.50 due September 5th and October 5th

____ **Option 3.** Monthly payments of \$727.50 /10 months due by September 5th and all subsequent payments are due by the 5th of each month.

____ K. North Carolina Opportunity Grant or Folds of Honor Recipients

- In the event your child is granted with the Opportunity Scholarship or the Folds of Honor Scholarship the payment plan will be modified and you will still be given the opportunity to choose from options 1-3 with the remaining amount.

Please Initial Your Out of Pocket Expense Option

____ **Option 1.** Full out of pocket amount of \$_____ due September 25th

____ **Option 2.** Two Payments of \$_____ due September 5th and October 5th

____ **Option 3.** Monthly payments of \$_____ /10 months due by September 5th

Your Signature: _____

This plan is being made as a result of the student account being past due and in a good faith effort to allow the student to remain at TVA. If payments under this plan are not fulfilled in accordance with this agreement the student will be placed on Financial Probation. In the event of untimely payments under this agreement, the account balance is immediately due. Failure to pay the account in full or pay the payments due with late fees will result in the student not being allowed to return to school as well as other applicable ramifications.



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I (We) have carefully read and understand the commitment I (We) are making. I (We) understand that an integral part of TVA maintaining its obligations and budget is the timely receipt of all registration, tuition, before and after school care, lunch, and other fees. I (We) understand that the TVA School Board adopted the above admission and financial policy and that the policy will be **strictly adhered to** and enforced by the Administration.

I (We) have read all of the above information and are in full agreement with it. I (We) understand that I (we) am/are ultimately responsible for all payments to this account in a timely manner.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If student lives with two parents/guardians, both must sign this agreement. A copy of this agreement shall be provided to you upon request.

Date: _____ Check Number/Cash/Electronic: _____

Description of Receipt: _____

| Item | Amount Paid |
|------|-------------|
|------|-------------|

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

| | |
|-------|-------|
| _____ | _____ |
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| _____ | _____ |
|-------|-------|

OFFICE USE ONLY:

Records Review: Confirm all forms have been completed. Note fees paid above.

Student Application: ☐ Yes ☐ No

Birth Certificate: ☐ Yes ☐ No

Current Report Card: ☐ Yes ☐ No ☐ N/A

Prior School Record Release: ☐ Yes ☐ No ☐ N/A

Pastor Recommendation: ☐ Yes ☐ No;

Financial Form Completed: ☐ Yes ☐ No

Kindergarten Health Assessment: ☐ Yes ☐ No ☐ N/A

Immunization Forms Completed: ☐ Yes ☐ No

Parent Agreement Form Completed: ☐ Yes ☐ No

Student Profile(s) Returned: ☐ Yes ☐ No Equipment

Loan Agreement: ☐ Yes ☐ No ☐ N/A

Photo/Video Parent Release: ☐ Yes ☐ No

Cell Phone Policy: ☐ Yes ☐ No

Staff Signature: _____ Date: _____



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Extended Care Services Kindergarten thru Fifth Grade Only

Extended Care Hours are 6:00AM - 8:15 AM and 2:30 PM - 6:00 PM. Any student K-12 who arrives on campus before 8:00 AM or who remains on campus after 2:45 PM other than for extracurricular activities shall be subject to charges prorated for the day of their care. The earliest a student may be dropped off without being charged is 07:45 am.

Note: The rates for daily care are higher than the weekly plan rates due to difficulty in staffing this type of care.

| | |
|--------------------------|-----------------|
| Before School Care | \$65.00 Weekly |
| After School Care | \$65.00 Weekly |
| Before/After School Care | \$110.00 Weekly |
| Drop-In Care | \$40.00 Per Day |

- Before School Care 6:00 AM – 8:15 AM (Includes a light breakfast if the child arrives before 7:45 AM)
- Afterschool Care 2:30 PM – 5:50 PM
- If your child is not enrolled in the Before/Afterschool program there will be an additional \$45.00 for the week when children are out for Teacher workdays.
- \$5.00 Discount for each additional sibling.
-

Transportation Services Kindergarten thru 12th Grade

| | |
|-----------------------|-----------------|
| One Way Van Transport | \$25.00 |
| Two Way Van Transport | \$55.00 |
| Multi Child Rate | \$60.00/\$75.00 |

Transportation Services will not be offered for the 2025-2026 School Year. Please watch for future announcements regarding these services.

NC Opportunity Grant recipients may have an out of pocket expense due prior to enrollment. Grant amount may not cover all tuition related expenses.

Extracurricular Activities and Extended Care: Should a student remain on campus for extracurricular activities, they are required to leave the campus immediately after dismissal from the activity or sign into extended care. If a practice is dismissed early without parental notification and it is before 5:50, the student will have free extended care until the end of the scheduled practice time or 6:00 p.m. whichever is the earliest. After that time, the parent will be charged.

The maximum Extended Care charge will be \$525 per month per family. However, after 6:00 p.m. care charges at \$1.00 per minute will be added to the maximum amount. If Extended Care fees are not paid on time, a late fee will be incurred. A fee of \$1.00 per minute will be charged for any student left 15 minutes past dismissal time on minimal days when Extended Care is not provided by the school. (ex. A Minimal day is when there is early dismissal for ALL students, including staff. ie. Thanksgiving and Christmas early dismissal).



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Extended Care Services Kindergarten thru Fifth Grade Only

Please make Extended Care Selection below:

| | | | | |
|--------------------------|---------------------------------|---------|-----------------------|-------|
| Before School Care | \$65.00 | Weekly | Child/Children's Name | _____ |
| After School Care | \$65.00 | Weekly | Child/Children's Name | _____ |
| Before/After School Care | \$110.00 | Weekly | Child/Children's Name | _____ |
| Drop-In Care | \$40.00 | Per Day | Child/Children's Name | _____ |
| Multi-Child Rate | \$10.00 Discount for each child | | | |

| Day | Morning | | Afternoon | | Full Day | Weekly Total |
|----------|---------|--|-----------|--|----------|--------------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wed | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |

Weekly Total Amount \$ _____

Parent Signature

Date

Staff Initials

Afterschool Enrollment Date