PLEASE COMPLETE AND RETURN BY JUNE 24, 2016

OFFICE of EDUCATION SOUTHEASTERN
CALIFORNIA CONFERENCE

TUITION & FEES
2017-2018 School
Year

Name of School:_____

1. Registration Fees: K____ 1-6___ 7-8___ 9-10___ 11-12___

2. Monthly Tuition: (SDA) K____ 1-6___ 7-8___ 9-10___ 11-12___

3. Monthly Tuition: (Non-SDA) K____ 1-6___ 7-8___ 9-10___ 11-12___

4. Total **SDA** Annual Charges (Registration & Tuition): K____ 1-6___ 7-8___ 9-10___ 11-12___

5. Is your tuition on a 9 or 10-month billing cycle? _____

6. Percent of family discount for: 2 children _____% 3 or more _____%

7. Is the family discount given for children in other schools? _____

8. Percent of cash discount for: Semester in Advance _____%

   Year in Advance _____%

9. What penalty is assessed for late payments? _____

10. On what date of month is a payment considered late? _____

11. What are your monthly bus charges? _____

12. Percent of family discount for bus? 2 children _____% 3 or more _____%

13. Please add any information not requested above which would shed light on your tuition and fees charges:

_____
_____
_____

_____
Name of Person Completing This Report