



**Enrollment Contract  
2018-2019 Academic Year**

*Nourishing the Human Spirit ~ Mind, Body, and Soul ~ through Jesus Christ*

The parent(s) or guardian(s) signing this contract (the “undersigned”); agree(s) that the obligation to pay all fees and tuition for the student(s) listed below for the full academic year pursuant to this contract is unconditional. The undersigned agree(s) that the obligations of this contract are not divisible or fractional. This means that after the registration period no portion of the fees and tuition paid or outstanding will be refunded or balance due cancelled. \* Except for students moving out of the service area of LMC, the obligation to pay fees and tuition remains unconditional, including but not limited to the withdrawal, dismissal, or absence of the student from Lake Michigan Catholic Schools.

This enrollment contract is for a period of one year only. The schools’ obligations under this contract are conditional upon the successful completion of the current academic year by the student. By signing this contract, the undersigned and the listed student(s) agree to accept and abide by the rules and regulations of Lake Michigan Catholic Schools, as the rules and regulations presently exist or may be changed from time to time by the school. The undersigned accept(s) and agree(s) to the schools’ policy that if an account is not current or paid in full (as applicable) at the end of a term, the student’s grades will not be calculated and the student will not be allowed to start the next term. Grades and transcripts will be issued only when all accounts have been paid in full. In the event the undersigned fails to pay all fees and tuition, or defaults on any bank loan used to pay tuition, then the undersigned will be responsible to school for all costs of collection, reasonable attorney’s fees, and a 1.5% per month late fee.

\*Prorated tuition will be refunded to those families moving out of the service area of the school system only upon receipt of school’s request for transfer of student’s records form. Service area is defined as within 50 miles of 915 Pleasant Street, St. Joseph, MI.

**COMMITMENT TO PAY FORM – 2018/2019 ACADEMIC YEAR – Please select one:**

- \_\_\_\_\_ OPTION # 1 Pay the entire tuition balance by June 1, 2018 or within 30 days of registration date.
- \_\_\_\_\_ OPTION # 2 Finance the entire tuition & tech balance through LMC’s guaranteed tuition loan program with Horizon Bank at the interest rate of 4.90%. Loan papers must be submitted to the Business Office by April 1, 2018 in order to comply with the June 1, 2018 deadline.
- \_\_\_\_\_ OPTION # 3 Finance a portion of the tuition & tech fees through LMC’s guaranteed tuition loan program with Horizon Bank at the interest rate of 4.90%. Loan papers must be submitted to the Business Office by April 1, 2018 in order to comply with the June 1st deadline. Balance of tuition must be paid by June 1, 2018.
- \_\_\_\_\_ OPTION # 4 Visa/Master Card credit/debit card. Payments can be made using the LMC Pay Portal at [www.lmclakers.org](http://www.lmclakers.org). June 1, 2018 deadline applies.
- \_\_\_\_\_ OPTION # 5 Lake Michigan Catholic Schools employee payroll deduction.
- \_\_\_\_\_ OPTION # 6 Request an alternate option.

**Please see back page for further information & completion of form...**

**LATE OBLIGATION FEE ASSESSED AFTER JUNE 1, 2018:**

This fee will be charged to all families not adhering to chosen option commitment.

\$ 100.00 is added to amount due if paid/financed after 30 day period.

\$ 200.00 is added to amount due if paid/financed after 60 day period.

\$ 300.00 is added to amount due if paid/financed after 90 day period.

The undersigned agree(s) to the terms of this enrollment contract and acknowledges(s) the tuition refund policy of the school stated above. This agreement is not binding on Lake Michigan Catholic Schools until it is signed by the school below and signature of at least one parent.

Family Name _____	_____	_____
	Signature (Father/Guardian)	Social Security Number
Address _____		
_____	Printed Name	Drivers License Number
Student(s) _____	_____	_____
	Signature (Mother/Guardian)	Social Security Number
_____		
_____	Printed Name	Drivers License Number
_____	DATE _____	

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*For Business Office Use Only*

Accepted by Lake Michigan Catholic Schools      Total Tuition & Fees: \_\_\_\_\_

By \_\_\_\_\_

It's Director of Business Operations

Date \_\_\_\_\_

Signature(s) of (both) parent(s)/guardian(s) is/are required on this original contract, and returned to the Business Office. Enrollment is not complete until this document is signed and received in the Business Office. A copy of the original signed contract will be kept on file in the Business Office.