RIVERSIDE ACADEMY 2018-2019 TUITION & FEE SCHEDULE

Tuition Rates FAMILY TUITION DISCOUNTS (Deducted from total)		
	Children	Discount
\$6,495.00	2	13%
\$5,395.00	3	28%
\$5,095.00	4 or more	34%
\$4,645.00		
\$3,395.00	5% discount given on total tuition paid in ful	l by May 31, 2018
\$2,445.00		
\$4,345.00		
\$3,295.00		
	\$6,495.00 \$5,395.00 \$5,095.00 \$4,645.00 \$3,395.00 \$2,445.00 \$4,345.00	(Deducted from total) Children \$6,495.00 2 \$5,395.00 3 \$5,095.00 4 or more \$4,645.00 \$3,395.00 5% discount given on total tuition paid in full \$2,445.00 \$4,345.00

Discount Example: 1 middle school student + 1 elementary student (\$5,395+\$5,095)-13%=\$9,126.30 Pay in Full Example: 1 middle school student + 1 elementary student

(\$5,395+\$5,095)-13%=\$9,126.30-5%=\$8,669.99For pay in full amount, please call the front office.

REGISTRATION FEE**

Existing Families

Registration for presently enrolled students and siblings begins February 5, 2018. Presently enrolled students must be registered by March 9, 2018 to guarantee placement for the 2018-2019 school year. Application for Admission forms for new siblings may be picked up in the high school or elementary office.

$6-12^{\text{th}}$ Grade	Fee	\$250.00 per student if registered by March 9, 2018\$350.00 per student if registered after March 9, 2018
Pre K – 5 th Grade	Fee	\$175.00 per student if registered by March 9, 2018 \$250.00 per student if registered after March 9, 2018

New Families

Open registration begins on March 5, 2018 and continues during normal school hours thereafter.

$6-12^{\text{th}}$ Grade	Fee	\$250.00 per student**
Pre K $- 5^{\text{th}}$ Grade	Fee	\$175.00 per student**

When registering a student for the first time, a parent must bring the following:

- 1. Copy of State Certified Birth Certificate
- 2. Immunization Records
- 3. Copy of Student's Social Security Card
- 4. Last Year's Final Report Card and Current Report Card
- 5. Discipline Records or a Letter of Recommendation from Last School Attended
- 6. Standardized Test Scores
- 7. Copy of Parent and/or Responsible Party Driver's License

**Registration fees, Tuition, and all student fees are non-refundable.

RIVERSIDE ACADEMY 2018-2019 TUITION & FEE SCHEDULE PAGE 2

BUS FEES		
Students	Monthly (Auto Draft)	Annual
1	\$75.00	\$675.00
2	\$115.00	\$1,035.00
3	\$145.00	\$1,305.00
4 or more	\$175.00	\$1,575.00
There are no deductions for st	udents riding one way. If a student drops	from the bus during the

There are no deductions for students riding one way. If a student drops from the bus during the school year, the office must be notified by completing the proper form in advance of monthly billing.

BUS REGISTRATION* *

Fee

\$150.00 per family

*Bus registration must be turned in with school registration in order to guarantee a seat on the bus. **Buses are filled on a first-come, first-serve basis.** Non-Refundable Fee.

CAPITAL IMPROVEMENT FEE**

Fee \$200.00 per family due at registration

*Capital Improvement Fee is due at the time of registration. If the full payment is not received at registration, it will automatically be added to your monthly auto draft. Non-Refundable Fee.

TUITION_PAYMENT OPTIONS

- 1. 100% pay in full due by May 31, 2018. (5% discount given on total tuition)
- Auto Draft Checking, Savings, or Credit Card Account. 11 equal payments on the 10th of each month beginning June, 2018 and ending May, 2019 with no deduction in February 2019. (Bus payments August 2018 through May 2019, with no deduction February 2019) Credit card tuition payments will be assessed a 2.5% handling fee.

NSF checks/draft payments will be subject to a \$30.00 Service Charge. If not paid by 20th a \$25.00 Late Fee will also be assessed.

Financial Aid applications are online through SMART Tuition. You may access the application at <u>smartaidforparents.com</u> using School Code of 90074. *Deadline to apply is April 15, 2018. The cost to apply is \$35.00. This must be paid online.

2018-2019 YEARBOOK

When the 2018-2019 yearbooks are received in the winter of 2019 the youngest child in each family will receive one yearbook, as long as there are no outstanding balances due. Additional yearbooks may be purchased.

BEFORE AND AFTER CARE FEE - \$2.50 PER HOUR



RIVERSIDE ACADEMY 332 RAILROAD AVENUE, RESERVE, LA 70084 (PHONE) 985-536-4246 (FAX) 985-536-2127 2018-2019 REGISTRATION

www.riversideacademy.com

Parents/Guardian		
Mailing Address:	Street & Number and/or PO Box , City,	
Phone	Street & Number and/or PO Box , City,	State Zip Code
Parents/Guardian		
Mailing Address:	Street & Number and/or PO Box	City State Zip Code
Cell Phone (Dad): ()	Cell Phone (Mom):()
Work Phone (Dad): ()	Work Phone (Mom): ()
Father's Employer		Mother's Employer
Father's Email		Mother's Email
If parents are not living	g together, who does the child resid	de with
Transportation – Please C	Check One: Bus Car _	Other
Child's Name		Grade Going To If PK # of days
Child's Name		Grade Going To If PK # of days
Child's Name		Grade Going To If PK # of days
Child's Name		Grade Going To If PK # of days
		Pre-K 2 2, 3 or 5 days Pre-K 3 2, 3 or 5 days Pre-K 4 3 or 5 days
Person(S) Responsible		
Choose a payment optic		
		given on total tuition if paid in full)
beginning June 2018 ar deduction in February)	nd ending May 2019, with no dedu NSF checks/draft payments will be	g , Savings , Credit Card 11 equal payments on the 10 th of each month action in February 2019. (Bus payments – August through May, with no e subject to a \$30 Service Charge. If not paid by the 20 th an additional \$25 Late received at registration, it will automatically be added to the Auto Draft Payment.
Name		Phone # ()
		Zip Code
	nature	
	, Tuition, and all student fees are	
For Office Use Only:	s, 1 union, and an student rees are	non-retunuable.
	ppear in advertisements for River	rside Academy, which include print, photo, or recorded mediums.
Signature:		Date:
For Office Use Only:		I/atty
*Registration	*Bus Registration	Capital Improvement Fee
		 on
	-	uition
		cash
Date	Family ID Code	



2018-2019 Riverside Academy Bus Registration 332 Railroad Avenue, Reserve, La 70084 (Phone) 985-536-4246 (Fax) 985-536-2127

www.riversideacademy.com

Parents/Guardian			
Mailing Address:			
Street & Num Phone	ber and/or PO Box	City	State Zip Code
Cell Phone (Dad):)	Cell Pho	one (Mom): _()	
Work Phone (Dad): ()	Work Pl	hone (Mom): ()	
Father's Employer	Mother'	s Employer	
Bus N	Number Currently Ridin	g:	
Bus riders must pay full amount (no deductions f notified by completing the proper form in advance		drops from the bus during the so	chool year, the office must be
A.M. Pickup Address			
P.M. Drop Off Address			
Name of 1 st student		Grade going to	If PK # of days
Name of 2 nd student		Grade going to	If PK # of days
Name of 3 rd student		Grade going to	If PK # of days
Name of 4 th student		Grade going to	If PK # of days
Name & address of person(s) responsible for bus tuition	n if different from above:		
Name	Phone #	()	
Mailing Address:			
City	State	Zip	
Responsible party's signature			
Bus registration fee per family must be paid at th <u>Bus fees are paid on a nine (9) month basis (Augu</u> **Registration fees, Tuition, and all student	<u>ust through May, with no d</u>	eduction in February 2019)	serve basis.
1 Student \$ 75.00 (\$ 67 3 Students \$145.00 (\$1,30		2 Students \$115.00 (\$1,035. 4 Students \$175.00 (\$1,575.	
Bus Routes will be evaluated by administre efficiency for both Riverside Academy and		or on a regular basis in ord	ler to provide routing

For office use only: Bus number____

This form must be filled out entirely every year at time of registration due to federal and bank regulations.

DEBIT AUTHORIZATION FORM

I (we) hereby authorize **Riverside Academy Inc**, hereafter called COMPANY, to initiate entries to my (our) **Checking Account /** | Savings Account (select one) indicated below at the financial institution listed below, hereafter call THE FINANCIAL INSTITUTION, and to debit the same to such account, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. This authorization is to remain in effect until THE COMPANY is notified by me (or either of us) in writing to cancel it in such time and in such manner as to afford COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I understand that any changes I need to make to my ACH must be sent to the office in writing no later than the first of the month the account is to be debited. A \$30 service fee will be assessed for those changes made.

Name of Financial Institution	(Please Print)
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(Address of Financial Institution - Branch, City, State & Zip (Please Print)

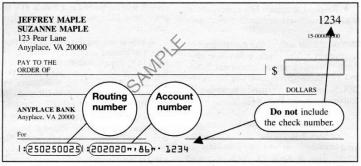
(Name appearing on Account- (Please Print)

(Address appearing on Account (Please Print)

Financial Institution Routing Number:

Checking/Savings Account Number:

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.



Note. The routing and account numbers may be in different places on your check.

Signature _____ Date

Family ID Code# _____

This form must be filled out entirely every year at time of registration due to federal and bank regulations.

CREDIT CARD DEBIT AUTHORIZATION FORM

I (we) hereby authorize **<u>Riverside Academy Inc</u>**, hereafter called COMPANY, to initiate entries to my (our) credit card listed below, and to debit the same on the tenth of each month to such account, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. This authorization is to remain in effect until THE COMPANY is notified by me (or either of us) in writing to cancel it in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. I understand that any changes I need to make to my ACH must be sent to the office in writing no later than the first of the month the account is to be debited. A \$30 service fee will be assessed for changes made.

Credit card tuition payments will be assessed a handling fee of 2.5%.

Name of Credit Card (VISA, MasterCarc	d, or Discover)	(Please Print)	
Name appearing on Card	(Please Print)		
Address appearing on card account	(Please Print)		City, State, Zip
Credit Card Number:			
Card Expiration Date:			-
Signature	Date		
Riverside Academy account informa	ation (Please Print)	:	
Family Name (if different from above)			
Address (if different from above)		C	ity, State, Zip
Family ID Code #			