# RIVERSIDE ACADEMY 2015-2016 TUITION & FEE SCHEDULE

	Tuition Rates	FAMILY TUITION DISCOUNTS (Deducted from total)		
		Children	Discount	
High School (9 <sup>th</sup> -12 <sup>th</sup> )	\$5,950.00	2	10%	
Middle School (6 <sup>th</sup> -8 <sup>th</sup> )	\$4,950.00	3	25%	
Elementary (KD-5 <sup>th</sup> )	\$4,650.00	4 or more	30%	
Pre – K (5 day)	\$4,250.00			
Pre – K (3 day)	\$3,130.00	5% discount given on total tuition paid in full by May 31, 2015		
Pre – K (2 day)	\$2,250.00			

Discount Example: 1 middle school student + 1 elementary student (\$4,950+\$4,650)-10%=\$8,640

Pay in Full Example: 1 middle school student + 1 elementary student

(\$4,950+\$4,650)-10%=\$8,640-5%=\$8,208

For pay in full amount, please call the front office.

## **REGISTRATION FEE\*\***

## **Existing Families**

Registration for presently enrolled students and siblings begins February 2, 2015. Presently enrolled students must be registered by March 6, 2015 to guarantee placement for the 2015-2016 school year. **Application for Admission forms for new siblings may be picked up in the high school or** 

Application for Admission forms for new siblings may be picked up in the high school or elementary office.

6 – 12 <sup>th</sup> Grade	Fee	\$250.00 per student if registered by March 6, 2015 \$350.00 per student if registered after March 6, 2015
Pre K – 5 <sup>th</sup> Grade	Fee	\$175.00 per student if registered by March 6, 2015 \$250.00 per student if registered after March 6, 2015

#### **New Families**

Open registration begins on February 3, 2015 and continues during normal school hours thereafter.

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

<sup>\*\*</sup>Registration fees and all student fees are non-refundable.

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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 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.

# <u>TUITION\_PAYMENT OPTIONS</u> \*please see changes below

- 1. 100% pay in full due by May 31, 2015. (5% discount given on total tuition)
- 2. Auto Draft Checking, Savings, or Credit Card Account. \*11 equal payments on the 10<sup>th</sup> of each month beginning June, 2015 and ending May, 2016 with no deduction in February 2016. (Bus payments August 2015 through May 2016, with no deduction February 2016)\* Credit card tuition payments will be assessed a 1.5% handling fee.

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

Financial Aid applications are online through SMART Tuition. You may access this through <a href="https://www.smarttuition.com">www.smarttuition.com</a> or you may pick up information in the high school office. \*Deadline to apply is Monday, April 13, 2015. The cost to apply is \$35.00. This must be paid online.

## 2015-2016 YEARBOOK

When the 2015-2016 yearbooks are received in the fall of 2016 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 - \$2.35 PER HOUR



# RIVERSIDE ACADEMY 332 RAILROAD AVENUE, RESERVE, LA 70084 (PHONE) 985-536-4246 (FAX) 985-536-2127 2015-2016 REGISTRATION

www.riversideacademy.com

Parents/Guardian				
Mailing Address:				
Dhone	Street & Number and/or PO Box , City,	State Zip Code		_
Filone				
Parents/Guardian				
Mailing Address:	Street & Number and/or PO Box		City State	Zip Code
Cell Phone (Dad): (	)	Cell Phone (Mo	m): _(	
Work Phone (Dad): (_	)	Work Phone (M	Iom): ()	
Father's Employer		Mother's Emplo	oyer	
Father's Email		Mother's Email		
If parents are not livin	ng together, who does the child resid	le with		
Transportation – Please	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
Person(S) Responsible	For Tuition		**Pre-K 3 2, 3 or 3 day	ys Pre-K 4 3 or 5 days**
Auto Draft- (Plobeginning June 2015 a deduction in February	ion: Il by May 31, 2015. (5% discount gease Mark Which One)  Checking and ending May 2016, with no deduce) NSF checks/draft payments will be the Capital Improvement Fee is not response.	g, Savings, Coction in February 2 esubject to a \$30 Sec	redit Card 11 equal pa 2016. (Bus payments – A ervice Charge. If not paid	August through May, with no I by the 20 <sup>th</sup> an additional \$25 Late
Name			Phone # ()	
	gnature			
Note: *Fees Are Not I				
For Office Use Only	:			
My child can	appear in advertisements for River	side Academy, wh	ich include print, photo	, or recorded mediums.
Signature:	Date:			
For Office Use Only:				
*Registration	*Bus Registration	Capital Improv	ement Fee	
New Tuition	Current Tuitio	n		
·	Current Bus T	•		
	Check			
	Family ID Code			



# **2015-2016 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:	reet & Number and/or PO Box		a:	g: g: g	
Phone			City	State Zip Code	
Cell Phone (Dad): _()		Cell Phone (M	om): ( )		
Work Phone (Dad): ()		_Work Phone (	Mom): ()		
Father's Employer		_ Mother's Emp	ployer		
	Bus Number Curre	ntly Riding:			
Bus riders must pay full amount (no dec notified by completing the proper form			rom the bus during the s	school year, the office must be	
A.M. Pickup Address					
P.M. Drop Off Address					
Name of 1 <sup>st</sup> student			Grade going to	If PK # of days	
Name of 2 <sup>nd</sup> student			Grade going to	If PK # of days	
Name of 3 <sup>rd</sup> student			Grade going to	If PK # of days	
Name of 4 <sup>th</sup> student			Grade going to	If PK # of days	
Name & address of person(s) responsible for	bus tuition if different from	above:			
Name		Phone # (	)		
Mailing Address:					
City	State		Zip		
Responsible party's signature					
Bus registration fee per family must be Bus fees are paid on a nine (9) month ba					
		All Areas			
	00 (\$ 675.00 per year) 00 (\$1,305.00 per year)		ıdents \$115.00 (\$1,037 ıdents \$175.00 (\$1,575	• • •	
Bus Routes will be evaluated by a efficiency for both Riverside Acad	dministration & bus c	coordinator on			
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**

(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, in necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the programment 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 apportunity 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)
(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.  JEFFREY MAPLE SUZANNE MAPLE 123 Pear Lane Anyplace, VA 20000 PAY TO THE ORDER OF

DOLLARS

Routing Account ANYPLACE BANK Anyplace, VA 20000 number number Do not include the check number. 1:(250250025)1:(202020--86)-- 1234 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 **Riverside Academy Inc**, 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 1.5%. Name of Credit Card (VISA, MasterCard, or Discover) (Please Print) Name appearing on Card (Please Print) City, State, Zip Address appearing on card account (Please Print) Credit Card Number: \_\_\_\_\_ Card Expiration Date: Signature \_\_\_\_\_ Date \_\_\_\_ Riverside Academy account information (Please Print): Family Name (if different from above) Address (if different from above) City, State, Zip

Family ID Code #