



10713 Barkley • Overland Park, KS • 66211
Phone 913-341-6666 • Fax 913-341-3337
www.acceleratedschoolsop.org

Tuition Agreement Grades 9 – 12

Student _____ Age _____ Grade _____

Person assuming financial responsibility _____

Address _____ Home Phone _____

City _____ State _____ Zipcode _____ Work Phone _____

Email Address _____ Cell Phone _____

FEES:

Plan A: Full year payment at enrollment	\$18,250
Plan B: Full semester payment at enrollment	\$ 9,250 (2 payments)
Plan C: Monthly payments	\$ 2,075 (9 payments)

Plan D: _____

I agree to pay the fees as stated in Plan _____ listed above, starting with a deposit of \$ _____ and the balance of \$ _____ to be paid as follows: _____.

All tuition, according to the plan chosen, is due in full at enrollment. However, there is no interest charged when an initial deposit is made and the balance is paid in full within the first 30 days of enrollment.

I/We understand that this enrollment does not include a guarantee in advancement and that the results are on a “best efforts” basis.

I/We understand that the parents or the school may disenroll a student at any time for any reason. In this case the fee will be \$125 for each day school was in session during the student’s enrollment. All prepaid, unused tuition will be refunded.

Signature of Responsible Party

Date

Signature of Accelerated Schools Representative

Date