

CAOS Tuition Policy Exception Request Form

Child's Name: _____ Child's Date of Birth: _____

Projected Classroom Placement: _____

Reason for Tuition Policy Exception Request: _____

Details of exception request (i.e., alternate date of EFT withdrawal, date/method of prepayment, etc.) _____

Course of Action if Exception is Not Granted: _____

I/We understand if this exception is granted, that:

_____ Failure to comply with this payment plan will result in my/our child's suspension from the school and child-care programs until tuition is paid in full.

_____ If back tuition is not caught up within one week of suspension, my/our child's spot may be taken by another family.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office use:

Tuition Policy Exception Request: _____ Approved
 _____ Approved with modifications (detailed below)
 _____ Denied

Modifications, if applicable: _____

Outline of approved exception payment plan:

Due date: _____

Invoice to be sent? Yes No (please circle)

Receipt provided? Yes No (please circle)

Form of payment: Check Money Order Cash (please circle)

I/We agree to the terms outlined above:

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____