

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 that 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

Approved

Modifications, if Applicable: _____

OUTLINE OF APPROVED EXCEPTION PAYMENT PLAN

Due Date: _____

Invoice to be Sent? Yes No

Receipt Provided? Yes No

Receipt Provided? Check Money Order Cash

I/We Agree to the Terms Outlined Above:

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____