

2009-10 LISD E.S.D. PROGRAM

LISD EMPLOYEE

REQUEST FOR REDUCED TUITION

**** PLEASE FILL OUT BOTH SIDES OF THIS FORM. ****

Name: _____

Campus: _____

Position: _____

Phone: _____

e-mail: _____

I understand that all tuition payments must be made directly to the LISD Adult and Community Education Department. Payroll deductions are not available for ESD tuition accounts.

If my status changes during the 2009-10 school year I will contact the LISD Adult and Community Education Department immediately. I understand that if I am not longer an LISD employee I will be responsible for tuition payments based on the regular tuition amounts.

I certify that the child for whom I am requesting the discount lives with me and is in my primary custody for educational purposes.

To qualify for the discount the parent who is the LISD employee must sign the registration form to be designated as the payer on the account.

Signed: _____

Date: _____

**EXTENDED SCHOOL DAY
TUITION PAYMENT OPTIONS (LISD EMPLOYEE)**

2009-2010

****PAYMENT PLANS CANNOT CHANGE AFTER RECEIPT OF FIRST PAYMENT****

CHILD'S NAME _____ **SCHOOL NAME** _____

PLAN A: 38 equal installments of \$ 50.00 **TOTAL TUITION \$ 1900.00** (per child)

Payment is due on Monday of each week according to the payment schedule provided.
First installment to be paid at registration. Automatic payments are not available on this payment plan.

I accept this option. _____
Parent/Guardian Signature Date

PLAN B: 10 equal installments of \$ 150.00 **TOTAL TUITION: \$ 1500.00** (per child)
** save \$ 400.00 compared to Plan A**

Payment is due on the first of each month according to the payment schedule provided.
First installment to be paid at registration. Automatic payments are available on this payment plan, with the first installment charged on 7-01-09. *You must complete the automatic charge form if you desire this option.*

Note: Refunds for cancellations will be calculated based on the weekly charge of \$ 50 per week for the period the child was enrolled in the ESD program.

I accept this option. _____
Parent/Guardian Signature Date

PLAN C: 2 equal installments of \$ 700.00 **TOTAL TUITION \$ 1400.00** (per child)
save \$ 500.00 compared to Plan A
save \$ 100.00 compared to Plan B

This plan is not available after September 1, 2009.

Second payment due January 12, 2010.
First installment to be paid at registration. Automatic payments are available on this payment plan, with the first installment charged on 7-01-09. *You must complete the automatic charge form if you desire this option.*

Note: Refunds for cancellations will be calculated based on the weekly charge of \$50 per week for the period the child was enrolled in the ESD program.

I accept this option. _____
Parent/Guardian Signature Date

PLAN D: 1 annual payment of \$ 1300.00 **TOTAL TUITION \$ 1300.00** (per child)
** save \$ 600.00 compared to Plan A**
** save \$ 200.00 compared to Plan B**
** save \$ 100.00 compared to Plan C**

This plan is not available after September 1, 2009.
To be paid at registration. Automatic payments are available on this payment plan, with the payment charged on 7-01-09. *You must complete the automatic charge form if you desire this option.*

Note: Refunds for cancellations will be calculated based on the weekly charge of \$ 50 per week for the period the child was enrolled in the ESD program.

I accept this option. _____
Parent/Guardian Signature Date

Tuition will be considered late and you will be assessed a late fee of \$10 if your payment is received five working days after the specified due date.

****Please note: In addition to the fees noted above a \$10 service fee will be assessed for each collection notice sent.**

**** PLEASE COMPLETE BOTH SIDES OF THIS FORM.****