



2020-2021 School Year Tuition Payment Program Registration Form

I/We, _____, parent(s)/legal guardian(s) of _____, student(s) enrolled at Arrows Academy of GA, Inc, have agreed to pay \$_____ per month for tuition until the full amount of \$_____ is paid in full.

The total amount due could change due to late fees (\$20) or fees due to returned checks (\$25). There will be a one time set up fee of \$50 paid with the initial tuition payment.

Payments will begin on _____ and continue on the 15th of the month until paid in full. All payments must be paid in full by April 15, 2021.

By signing below, I am stating that I understand that after the first payment is made, I will be responsible for the year's tuition regardless of whether my child completes the year or not.

I/We understand that all uncollected funds as of April 15, 2021 may result in referral to an attorney for legal action in which event attorney fees and court costs may be added.

Total due: _____ divided by _____ payments = Monthly payment of \$_____

Signature: _____ Date: _____

Signature: _____ Date: _____

Approved by: _____ Date: _____

Payments can be turned into the school office or mailed to 4801 Wade Green Road, Acworth, GA 30102. Courtesy monthly invoice reminders will be emailed to the email address on file. If you have any questions or concerns regarding your account, at any time, please email billing@arrowsacademyga.org.