PARENT AGREEMENT FORM

School Year 2027-2028

Date: _____

Parent's Name: _____

Parent's Phone #: _____

Parent's Email Address _____

Student(s) Name / Grade _____

The Tuition Assistance Options program is available to those families who meet the eligibility requirements. All new families must be accepted into the school before consideration will be made for tuition assistance.

IF YOU ARE RELYING ON TUITION ASSISTANCE IN ORDER TO HAVE YOUR STUDENT ATTEND CCS, YOU SHOULD BE PREPARED TO MAKE ALTERNATE EDUCATIONAL PLANS IN THE EVENT YOUR CHILD IS NOT AWARDED SUFFICIENT ASSISTANCE.

The following are guidelines for completing the application. Please check the appropriate box.

- ☐ CORNERSTONE CHURCH MEMBER DISCOUNT: Please submit the following document to Accounting Services at CCSAccountingServices@sa-ccs.org. Do not apply to *Clarity* if you are *only* requesting the church member discount.
  - Parent Agreement Form
  - Member Discount Application
  - Tuition Assistance Agreement Form
- ☐ CORNERSTONE CHURCH MEMBER DISCOUNT and TUITION ASSISTANCE– Please complete a *Clarity Tuition Assistance* application.
- ☐ TUITION ASSISTANCE (non-Cornerstone Church Member): Please complete *a Clarity Tuition Assistance* application

Completed tuition assistance applications are reviewed and award results will be communicated to the family by the Accounting Services Department.

CAUTION: Completed *Clarity* applications must be submitted to *Clarity* on or before June 2nd to have tuition assistance, if any is awarded, applied to your account before the first tuition due date of July 3rd. *Clarity* applications completed after June 2nd will result in a payment due of the base tuition amount until assistance, if any, is awarded. No review of your file can be done until all required information is received. Incomplete files as of July 15th will be returned to Accounting Services without consideration for assistance.

The financial assistance awarded to families ***must be kept confidential*** and not discussed with others. Breaking this confidentiality provision may result in the loss of your tuition assistance award.

I have read and agree with the above information; if I receive an award of any kind, the award amount will be kept confidential.

Parent's signature: _____ Date: _____

Thank you, and please contact the Accounting Services office at ccsaccountingservices@sa-ccs.org with any questions.