

INDEPENDENT STUDY PROGRAM

Name of financially responsible party: _____
 Address: _____ City, state, zip: _____
 Phones -- Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

To be completed by office only			
Student Name & grade (include last name if different)			\$25 materials fee per .5 credit paid to advisor.
Subjects to be taken: Maximum of 2.0 credits per summer			Total due at time of IS Summer School Registration – Make payable to Cedar Park Christian Schools (CPCS) _____
Registration: \$30 by 12:00pm, Monday, June 17 th			
CP Tuition \$50 per .5 semester class			

Summer school dates: Monday, June 17th – Monday, August 19th (Student must be re-enrolled in IS for the coming school year to participate.)
 _____ has I.S. Administrative approval to take summer school classes.

CATEGORY #1: <input type="checkbox"/> (following \$50.00 per hour planning meeting)	CATEGORY #2: <input type="checkbox"/> (following \$50.00 per hour planning meeting)
Meet with academic advisor one hour per week.	Meet with academic advisor one hour every other week.
Parent does not meet State requirement for homeschooling. (see reverse)	Parent does meet State requirement for homeschooling. (see reverse)

Students must be enrolled in the IS program for the coming 2018-19 school year, in order to enroll in IS summer school.
 Tuition payment is due immediately upon summer school registration.
 Returning families must be current in all financial accounts prior to summer school enrollment.

All payments made on an account will be applied to the oldest outstanding invoice in the following order. 1. Enrollment Fee 2. Tuition Fee

Cedar Park Christian Schools reserve the right to grant an exception to this financial policy on a case-by-case basis and an exception granted to one individual applies only to that individual and does not apply to any other individual, parent or guardian whose child/ward attends CPCS.

All disputes and claims related to the student's participation and/or enrollment in the IS summer school program including but not limited to, any statutory or common law claims for discrimination, breach of contract and all other claims shall be resolved by mediation and binding arbitration. Mediation and arbitration shall be before a mutually acceptable person who: is a practicing attorney with a minimum of ten year's experience or a retired judge and a member of an Assemblies of God church. In the event that the parties cannot agree on such a person, each shall appoint a qualified person and the two shall agree on a third qualified person to be the sole mediator or arbitrator. The arbitrator shall not be the same person as the mediator. The parties hereby incorporate, and the arbitration shall follow, the procedures of Chapter 7.04 RCW. The laws of the State of Washington shall govern

I/we understand that failure to meet the terms of this enrollment and financial agreement may result in immediate dismissal and that report cards, transcripts and diplomas may be withheld if required payments are not made.

THE UNDERSIGNED hereby acknowledges that the above agreement has been carefully read, understood and agreed to by affixing signature(s) below.

Father's signature (or financially responsible party) *Date* *Mother's signature (or financially responsible party)* *Date*

FEES:	
Registration:	\$30 is a non-refundable fee and must be submitted with the Application for IS Summer School Enrollment
Tuition	\$50 per .5 semester class and must be paid in full upon registration/enrollment.
Materials:	\$25 per .5 credit payable to the advisor/teacher. Materials Fee is due at the first meeting with the Advisor and is non-refundable.
Advising Fee	\$50 per hour

Note under Washington home school law, the instructional activity must be provided by a parent who is instructing his/her child(ren) only and qualified in one of these ways: **(documentation must be submitted to the program Administrator.)**

- Be supervised by a certificated teacher for one contact hour per week.
- Have earned 45 college level credit hours or one year of college.
- Have completed a course in home-based instruction at a post-secondary institution or vocational/technical school.

To be completed by office only: <input type="checkbox"/> Documentation received	Date received:	Received by:
---	----------------	--------------