



Quinte Christian High School

RR #2 138 Wallbridge Loyalist Rd, Belleville, ON, K8N 4Z2 613 968-7870

TUITION AGREEMENT

INTERNATIONAL STUDENT 2010/2011 TUITION IS \$13,600

In order for your child(ren) to be enrolled for the upcoming school year this form must be completed and returned by June 5th, 2009. Your child(ren) may not be allowed to start school in September if this form is not on file at the school.

PARENTS NAME: _____

PHONE: _____ EMAIL: _____

STUDENTS NAME: _____

VISA STUDENT TUITION FOR 2010/11 IS **\$13,600**

Based on this tuition amount we plan to meet our tuition as follows:

(Check one of the following)

_____ One of Payment of \$13,600 to QCHS due by September 4th, 2010

_____ Two Payments of \$6,800 to QCHS due September 7th, 2010 and January 31st, 2011

Please note the following:

In the event that a student withdraws from Quinte Christian High School after a new semester (Sept. & Feb.) has begun, due to the request of the parents or the school administration, the full amount (\$6,800) for that semester is non refundable.

I have read, understand and agree to the above information:

Parent/Guardian Signature: _____ Date: _____

Please attach a cheque(s) to this form or fill out the Pre-authorized payment form on the reverse.

If you have any questions please do not hesitate to contact Laura Vink at the school 968-7870 ext. 223 or email finance@qchs.ca.

Mail or drop off completed and signed forms to:

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If you would like to have your tuition payment withdrawn from your account automatically please read and fill out the information below.

This form must be filled out in full and a VOID cheque must be attached in order to process your Pre-authorized Debit (PAD) Agreement:

I want to make monthly Tuition payments to Quinte Christian High School using PAD:

Please debit my bank account monthly: (attach VOID cheque)

If you do not have a cheque I will need the following bank account information:

Transit #: _____ Institution #: _____ Account # _____

\$ _____ will be withdrawn on September 10th 2010

\$ _____ will be withdrawn on February 10th 2011

Date: _____

Signature: _____

Parents Name: _____ Phone Number: _____

Address: _____

This Tuition Payment is made on behalf of: _____ an Individual _____ a Business

You, the Payor, may revoke your authorization at any time, subject to providing notice in writing ten (10) business days before the next PAD processing date. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

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