

Pike County Christian Academy

Financial Agreement

I (We) have read, understand, and agree to comply with the school's financial policy as set forth herein. In the event of noncompliance, I assume full responsibility for any attorney's fees, court costs, damages, or other costs incurred for collection.

Student's Name _____

Date of Birth _____

Grade _____

Address _____

Phone Number _____

Father/Legal Guardian printed _____

Father/Legal Guardian signature _____

Mother/Legal Guardian printed _____

Mother/Legal Guardian signature _____

Date _____