



Landmark Christian Academy

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RESPONSIBLE FINANCIAL PARTY AGREEMENT

TUITION RATES/POLICIES: See accompanying Tuition Rate and Fee Schedule.

TUITION PAYMENT METHOD: *(Please select an option below.)*

(PLEASE NOTE: All accounts not using Option 1 must pay using the FACTS monthly payment plan.)

- OPTION 1:** Single payment in full, due June 7, 2019. (3% discount on all tuition.)
- OPTION 2:** FACTS 10-month payment plan, July–April. (Tuition is paid in advance of the month of education.)
- OPTION 3:** Combination: Pay any amount to reduce your monthly payments, and then use FACTS 10-month payment plan, July–April. (Tuition is paid in advance of the month of education.)

I (We) agree to pay tuition and fees in a timely manner, according to the current schedule of tuition and fees and to the payment option I (we) selected above.

I (We) understand that no credit for our student’s work can be earned unless all financial obligations are paid and that student records will not be sent to another school if our account is not paid in full.

I (We) agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Landmark Christian Academy or any employee or agent thereof, on my child’s behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Landmark Christian Academy, Landmark Independent Baptist Church, or its agent should incur to defend itself against such action.

NAMES AND GRADES OF STUDENTS IN LCA: _____

MOTHER’S SIGNATURE

FATHER’S SIGNATURE

RESPONSIBLE FINANCIAL PARTY: _____ *Please print full name.* **Date:** _____

RELATIONSHIP TO STUDENT: _____

SIGNATURE: _____ **Phone:** _____

MAILING ADDRESS: _____ **ZIP:** _____

***If more than one financial party on the same tuition account, please include the second financial party’s information here.**

2ND RESPONSIBLE FINANCIAL PARTY: _____ *Please print full name.* **Date:** _____

RELATIONSHIP TO STUDENT: _____

SIGNATURE: _____ **Phone:** _____

MAILING ADDRESS: _____ **ZIP:** _____