



**2025-26 Tuition Payment Contract**  
**223 E 6th St Volga SD 57071**  
**605-627-9286**  
[www.volgachristianschool.org](http://www.volgachristianschool.org)

Family: \_\_\_\_\_

Child/Children:

_____	Grade: _____	Birthdate: _____
_____	Grade: _____	Birthdate: _____
_____	Grade: _____	Birthdate: _____
_____	Grade: _____	Birthdate: _____

The undersigned hereby contract to (re)enroll the above student(s) at the VCS for the 2025/2026 school year. I/We have read, understand, and acknowledge the provisions listed below.

**Tuition for the 2025–26 School Year**

1 Student	Kindergarten Prep - 8 <sup>th</sup> grade	\$4635/year or \$463.50/month
2 Students	Kindergarten Prep - 8 <sup>th</sup> grade	\$7890/year or \$789/month
3+ Students	Kindergarten Prep - 8 <sup>th</sup> grade	\$11,125/year or \$111.25/month

Tuition: \_\_\_\_\_

SCRIP: \_\_\_\_\_

Unpaid tuition: \_\_\_\_\_

2% reduction in tuition: \_\_\_\_\_

Registration fee: \$20.00 \_\_\_\_\_

Total Due: \_\_\_\_\_

- I. Payment plans. Please initial one of the following plans. This enrollment contract will be returned unless a payment plan is indicated below.

\_\_\_\_\_ PLAN A – Payment in full on registration day August 4<sup>th</sup>, 2025. A discount of 2% of the tuition will be applied to reduce the full year's tuition. Total due: \$\_\_\_\_\_.

\_\_\_\_\_ PLAN B – I/We will pay 10 equal monthly installments. The first payment is due on registration day August 4<sup>th</sup>, 2025. Monthly payment due by the 5<sup>th</sup> of each month, Sept – May, of: \$\_\_\_\_\_.

\_\_\_\_\_ PLAN C – I/We will pay in 10 equal monthly installments with automated payment (ACH). The first payment is due on registration day August 4<sup>th</sup>, 2025 by check or cash. Monthly automated payment due on the 5<sup>th</sup> of each month, Sept – May, of: \$\_\_\_\_\_.

\*Please provide a Voided Check for ACH Processing.

- II. Statements are due upon receipt. Tuition fees are payable on the dates agreed to above as part of this contract. Tuition is delinquent if not paid by the dates as indicated above. **If payment is received after the 10<sup>th</sup> of the month a fifty (\$50) dollar late fee will be applied to your account.** If tuition is in arrears for two months, a letter will be sent to the party responsible for payment; if the delinquent payment extends beyond the second month, School Board action will occur. (See VCS Parent Handbook)
- III. If your child/children withdraw early, or is/are dismissed, you will be charged the monthly rate, starting in August, for each full month or portion thereof prior to the withdrawal. In addition, there will be other charges for the cost of books, materials, and classroom time.
- IV. All accounts must be current before students are allowed to:
  - a. Re-enroll for the following school year.
  - b. Obtain transcripts.
- V. All parents whose children are in school at the conclusion of the school year are responsible for helping clean the school during the following summer.
- VI. Acceptance of prospective student(s) will be determined based on the individual and group needs of the current students and prospective students so as to maintain a high quality education and supervision.
- VII. The School Board reserves the right to dismiss, to require a mandatory leave-of-absence, and/or to rescind the admissions invitation or enrollment contract of any student who fails to fulfill the student's obligations or whose presence at VCS is, in the VCS Board's judgment, contrary to the best interests of the school.

I/We hereby acknowledge that I/we have been provided with a copy of the VCS Handbook.

I/We hereby acknowledge that additional individual student services may not be available through VCS unless the funding is available through Sioux Valley Public School and their cooperative.

**Tuition billing address and person(s) responsible for payments - Please Print:**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VCS Board President: \_\_\_\_\_ Date: \_\_\_\_\_

VCS Board Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

***New families ~~It~~S may be required to meet with the VCS School Board before the contract will be valid.***