



Tuition Contract

Emmaus Lutheran School International Program

THIS FORM MUST BE FILLED OUT AND SIGNED BY THE PERSON RESPONSIBLE FOR PAYMENT BEFORE THE FORM I-20 MAY BE PROCESSED

Student Information

Family Name	
First Name	
Grade Entering	
Intended Initial Start Date	
Person Responsible for Payment	
Relationship to Student	
Email Address	
Foreign Address (if different from application)	
United States Address (if different from application)	
Employer	
Employer Address	
Annual/Prorated International Student Tuition	
Deposit Amount	
Balance Due	

Payment Agreement:

I have read and understand the financial commitment that is being made between Emmaus Lutheran School and me. I understand that in order for Emmaus Lutheran School to meet its planned and various financial responsibilities, my financial obligation to Emmaus is for the full amount listed above and is non-refundable. I understand that if an unsolvable discipline or academic problem arises, and my student is no longer permitted to attend Emmaus Lutheran School, or if I choose to withdraw this student due to change in circumstances, location or other situations, payment is still non-refundable.

Signature of Financially Responsible Person: _____ Date: _____
 Printed Name: _____