



Parent/District Agreement for Full Day Pre-K Tuition

Child's Legal Name (please print): _____ Age: _____

Date of Birth: _____ Student ID: _____

As Parent/Guardian for the child identified above, I understand and agree to the following terms. Residency in HISD is a requirement for participation in the HISD prekindergarten program. Residency requirement is waived for employees of HISD. The prekindergarten schedule will follow the HISD scholastic calendar:

1. I will provide records showing that my child's immunization requirements have been met by the first day of school attendance.
2. I will provide all necessary school supplies.
3. I will notify the school two days prior to withdrawing my child.
4. I agree that my child will have consistent attendance and must remain at the school for the full day at the Early Childhood Center and for regular bell times at the elementary campuses.

I am financially responsible for tuition payment. Annual tuition for one child is \$5,675. Please select one payment option from the following list and record the amount of tuition you will pay.

- Pay the entire balance due of \$5,675 no later than August 23 through SchoolPay online.
- Make 9 monthly payments of \$630.56 totaling \$ 5,675 through SchoolPay online.
- Pay the entire balance due of \$5,675 via check or money order at the campus my child attends.
- Make 9 monthly payments of \$630.56 totaling \$5,675 via check or money order at the campus my child attends.

Please note the following in relation to your tuition payment(s):

- **Tuition payment is due on the first business day of the month**, beginning in September and continuing through May.
- Tuition payment is late on the 15th of the month, at which time a \$25 late fee will be assessed. **Your child will be withdrawn if tuition remains unpaid.**
- This agreement documents tuition payment terms. HISD will **not** send monthly bills to Parents/Guardians.
- Checks returned for non-payment will result in a fee of \$35 per HISD Check Acceptance Policy.
- Year-end tuition statement will be provided upon request (email/call your school).

Parent/Guardian signature

Date

Parent/Guardian printed name

HISD Use Only:

Date Received: _____

Payment Amount Received: _____

Copy of this agreement with attachments as well as Registration Application will remain at the school for records.