

## NORTH READING PUBLIC SCHOOLS

## APPLICATION & TUITION AGREEMENT REVISED FOR FULL DAY KINDERGARTEN 2024-2025

TUITION INFORMATION: The total tuition due is \$2,500. A non-refundable \$250.00 deposit is due at the time of registration. One payment of \$750, and three payments of \$500 are due as follows: The Administration may reduce the tuition for the 2024-2025 school year however this will not be known until April 2024.

PAYMENT SCHEDULE REVISED:	DUE DATE:	AMOUNT DUE:
Payment # 1	6/1/2024	\$750
Payment # 2	9/1/2024	\$500
Payment # 3	12/1/2024	\$500
Payment # 4	2/1/2024	\$500

Refund Policy: Deposit: Non-refundable

1st Payment: 75% if withdrawn by 8/1/24; 50% if withdrawn by

9/1/24 2nd Payment: 50% if withdrawn by 10/1/24; 25% if withdrawn

by 11/1/24 No refunds available after November 1, 2024

If your family is eligible for free & reduced lunch, you may qualify for a tuition

reduction. Applications are available on our website: <a href="http://www.north-reading.k12.ma.us/food-services/pages/free-and-reduced-lunch-information">http://www.north-reading.k12.ma.us/food-services/pages/free-and-reduced-lunch-information</a>

PARENT(S)/GUARDIAN(S) PLEASE COMPLETE:

STUDENT LAST NAME:	FIRST NAME:	SCHOOL		STUDENT D.O.B.	HOME	: ADDRESS:	
PARENT/GUARDIAN EMAIL:		HOME PI	HONE:	CELL PHO	NF·	WORK PHONE:	
			TOTTE	ozzzo		WORKTHONE.	
After the lottery is conducted, opening opportunity to "open enroll" in another student transportation to and from If my/our child(ren) are not placed in elementary schools if available: YESTUITION AGREEMENT:	r school to fill these opening school. The student will our district school for full disc. \(\sim\) NO: \(\sim\)	ngs. <u>This is a d</u> I <u>I return to the</u> ay kindergarter	one-year agr ir home disti n, I/we would	eement and th rict school for be interested ir	e parent: first grad n "open ei	s/guardians are responsible for the state of the state of the other other of the other other of the other of	
By signing below, I understand that payment schedule may result in m North Reading Public Schools are PARENT/GUARDIAN SIGNAT	y child(ren) being withdr unable to offer payment	awn from the				urther understand that the	
PLEASE PRINT NAME:	UKE.				DATE		
Office use only; please do not write below	y this line						
Deposit Rec'd: Date:		Check:	Ck#	UniPay: 🗖			
Payment #1 Rec'd: ☐ Date:		Check:	Ck#	UniPay: 🗖			
Payment #2 Rec'd: ☐ Date:		Check:	Ck#	UniPay: 🗖			
Payment #3 Rec'd: ☐ Date:		Check: □	Ck#	UniPay: □			
Payment #4 Rec'd: ☐ Date:		Check: □	Ck#	UniPay: 🗖			