



Enrollment Agreement

This is to confirm my intention to enroll _____ in the 2014 – 2015 school year at the (select a box in which school your child will be attending):

- Elementary/Middle School International Montessori Preschool (Red School)
 International Montessori School of Claremont (Yellow School)

This agreement is subject to the following terms:

1. A re-enrollment deposit of \$250 is due with this agreement by Friday, March 14, 2014 and will be credited to the student's account. The enrollment fee for forms received after Monday, March 17, 2014 will be \$500. The receipt of this deposit and the signed agreement constitutes a contract that the student will attend IMS as noted above. Written notice of withdrawal is required should your plans change, in all cases, the enrollment deposit is non-refundable.
2. In accepting this agreement the signers accept the responsibility for tuition for the full school year. The school reserves the right to cancel the student's enrollment if payments are not made by the agreed upon due dates. Furthermore, in cases where tuition is past due, the school will reserve the right to withhold records to other schools. *Late payments are subject to a late charge of \$50 per child per month.* In cases of failure to pay, the parent or guardian who is responsible for payment agrees to pay, to the extent permitted by law, the school's expenses of enforcement and collection, including attorneys' fees and costs.
3. The International Montessori Schools reserve the right to terminate this contract (1) if the student's behavior or lack of cooperation is deemed unacceptable: or (2) if tuition payments are overdue. If the school exercises its right to terminate this contract, appropriate tuition rebates will be determined on a case by case basis.



International Montessori Schools

4. The signers have read the terms to this contract and agree to pay the 10(ten) monthly tuition payments due on the first day of each month beginning September 1, 2014 with the final payment on June 1, 2015

Signed _____ Date _____ Signed _____ Date _____

Print Name _____ Print Name _____

Address Invoice should be mailed to: _____

Contact Number _____ Contact Number _____

Email Address _____ Email Address _____

For School use only:

Agreement accepted by (IMS administrator) _____ Date _____