



**LEA TUITION AGREEMENT FOR SCHOOL YEAR 2014-2015  
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION**

1. I (We) acknowledge the fact that I (we) do reside in the state of \_\_\_\_\_ at the following address: \_\_\_\_\_

2. I (We) have been advised by \_\_\_\_\_ that tuition is required,  
(School Name)  
under Public Law 86-725, for the enrollment and attendance of: \_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(LEA Name) (Period of Attendance)  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

3. I (We) agree to pay the required tuition (fixed and approved by the Office of the State Superintendent of Education) in the amount of \_\_\_\_\_ for SY 14-15 by \_\_\_\_\_.  
(Yearly Tuition Amount) (Date that Total Payment Must Be Received)

Monthly payments of \_\_\_\_\_ will be paid between \_\_\_\_\_ and \_\_\_\_\_.  
(Dollar Amount) (Month/Year) (Month/Year)

Four payments of \_\_\_\_\_ will be paid between \_\_\_\_\_ and \_\_\_\_\_.  
(Dollar Amount) (Month/Year) (Month/Year)

4. It is further my (our) understanding that if I (we) should withdraw my (our) child from the school, I (we) will then be charged only for the actual days of his/her enrollment at the daily rate approved by the D.C. Office of the State Superintendent of Education.

\_\_\_\_\_  
Signature (Parent/Legal Guardian 1)

\_\_\_\_\_  
Signature (Parent/Legal Guardian 2)(Optional)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Date) (Month) (Year)

At \_\_\_\_\_  
(City) (State)

Approved by:

\_\_\_\_\_  
Authorized School Official Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized School Official Signature