

Tuition Policy

ADDENDUM 2

(Attach a legible copy of a voided check or deposit slip.
A copy of the ID for signer below must be on file.)

Parent/Guardian Name: _____

Name as it appears on Checking/Savings Account:

Bank Name: _____

City/State/Zip: _____ Draft Date: _____

Routing #: _____ Account #: _____

I, the undersigned, authorize New Horizons Home School Academy (NHSA) to draft the amount of \$_____ (U.S. Dollars) directly from my checking or savings account as a recurring monthly in payment of the monthly tuition due for the student whose name is given below. I affirm that I have read and signed the NHSA Tuition Policy to which this form is an addendum. I understand that there are no refunds on tuition or registration fees, and I further understand that the NHSA Tuition Policy requires that I give a 30 day, written notice of my intent to withdraw the student named below. I further understand that this authorization is to remain in full force and effect until NHSA has received written notification from me of its termination in such time and in such manner as to afford NHSA a reasonable opportunity to act on its termination.

Print Student Name

Print Student DOB

Parent/Guardian Signature

Date