

**THE ACADEMIC INSTITUTE, INC.**  
**O'Shaughnessy & Associates**  
**13400 NE 20<sup>th</sup> St., Suite #47 • Bellevue, WA 98005**  
**(425) 401-6844 Fax • (425) 401-6323 • [jennifer@academicinstitute.com](mailto:jennifer@academicinstitute.com) • [www.academicinstitute.com](http://www.academicinstitute.com)**

***DISTANCE LEARNING TUITION AGREEMENT***

STUDENT'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ EMAIL \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ HOME PH # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GRADE LEVEL IN SCHOOL \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS  SAME OR \_\_\_\_\_

MOTHER \_\_\_\_\_ HM # \_\_\_\_\_ WK # \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER \_\_\_\_\_ HM # \_\_\_\_\_ WK # \_\_\_\_\_ EMAIL \_\_\_\_\_

How did you hear about The Academic Institute, Inc? \_\_\_\_\_

**SEMESTER TUITION:**

CREDIT TITLE _____	ANNUAL REGISTRATION FEE \$125.00
	FEE PER CREDIT \$575.00
POSSIBLE ADDITIONAL CREDITS?	TOTAL DUE TODAY \$ _____

Please select payment method:	Date _____	Amount	\$ _____
___1. Credit Card (Attach PAYMENT AUTHORIZATION FORM)			
___2. Check	<b>Due Date</b> _____	<b>Balance</b>	\$ _____

We prefer you pay by Credit Card. If you elect to pay by check:

1. No checks are to be taken to our office at the school.
2. Please mail all checks to Sherrill O'Shaughnessy at The Academic Institute 13400 NE 20<sup>th</sup> St., Suite #47 Bellevue, WA 98005.
3. Please add the monthly check fee of \$25.00 to your tuition.
4. Please add a late fee of \$35.00 if your check will arrive in our office after the first of the month.
5. Please email Sherrill that you will be paying by check for every month that you elect to pay by that method.

**TERMS AND CONDITIONS:**

1. A registration fee is due upon enrollment **AND IS NON-REFUNDABLE.**
2. Tuition fees are **non-refundable.** In cases of extenuating circumstances beyond the family's control, every attempt will be made to offer options that will allow the student to complete their class. The student and family will be expected to accept any options that are feasible and reasonable.
3. Regular progress meetings ensure success. The most expedient way to schedule an appointment is by email: [jennifer@academicinstitute.com](mailto:jennifer@academicinstitute.com). Otherwise, please call 425-401-6844.
4. **A one-month written notice prior to the end of a student's semester term is required for a parent to withdraw a student from class.**
5. **Duration of the semester class is one to eight months. If the class is not completed by \_\_\_\_\_, an additional tuition payment will be required.**

**THE ACADEMIC INSTITUTE, INC.**

**PARENT / GUARDIAN**

Date

Date

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