



**Dougherty County School System
OUT-OF-COUNTY TUITION AGREEMENT**

Name of Parent/Guardian:		Date:
Address:		Phone:
Child's Name	Birth Date	Grade

I, do hereby declare that said child is not a resident of Dougherty County and by execution of this agreement, I agree to pay tuition to the Dougherty County School System as authorized by O.C.G. A. 20-2-133(a) and established by the Dougherty County Board of Education. By signing this contract, I agree that my child must abide by the policies, rules and regulations of the DCSS and that my child has not been suspended or expelled from his previous school. I choose to use:

PAYMENT METHOD (Please check one)

Tuition paid In Full: (\$1750.00)
 Payment made by cash or check: Payable to Dougherty County School System
 Amount _____ Date _____

Semester Payments: (\$925.00 per semester, Total \$1850.00)
 Payment made by cash or check: Payable to Dougherty County School System
 Amount _____ Date _____
 Amount _____ Date _____

Per Child/Per Semester Payments: (\$1950.00)
Initial payment of \$450.00 per child and additional payments of \$250 per month for six months:
 Payment made by cash or check: Payable to Dougherty County School System
 Initial Payment _____ Date _____
 Amount _____ Date _____ Amount _____ Date _____
 Amount _____ Date _____ Amount _____ Date _____
 Amount _____ Date _____ Amount _____ Date _____

Monthly payments are due and payable to the school on the fifth day of each month of the semester. Failure to make payments by the tenth day of the month shall result in the automatic dismissal of the student from the Dougherty County School System. A dismissed student will be re-admitted upon payment of the monthly installment, together with an additional \$50.00 readmission fee.

 Parent/Guardian Signature _____
 Date

DCSS Use Only	
AGREED TO, ACCEPTED AND EXECUTED this _____ day of _____, 20_____.	
_____ School Principal/Assistant Principal	_____ Notary Public My Commission Expires _____