

**Benjamin and Lillian Rochkind
YESHIVA OF VIRGINIA**

Enrollment Contract
2017-2018 Academic Year

*Parents or guardians should sign this Contract and return it to the school office.
A non-refundable \$200 registration fee per child is due with this contract. This fee will be applied towards tuition.*

The Benjamin and Lillian Rochkind Yeshiva of Virginia agrees to enroll the following child(ren) for the 2017-2018 school year.

Child's Name	Grade in September, 2017
Child's Name	Grade in September, 2017
Child's Name	Grade in September, 2017

TUITION AND FEES

In consideration of the acceptance of the Enrollment Contract by the Benjamin and Lillian Rochkind Yeshiva of Virginia the undersigned agrees to pay the required tuition and fees (less any financial aid received by a properly filed scholarship application) of \$_____ computed as per the attached fee schedule (see back page). Note: The school office will calculate this amount for you.

I will pay tuition and fees as per the following timetable:

1. A non-refundable reservation deposit in the amount of \$200 **per child** is due with this registration form.

2. Please check a payment option from the choices below. The three payment or *monthly* payment plan requires enrollment and payment through our tuition management service, **FACTS**.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> <u>Early Payment</u>
One payment in the amount of \$_____ by May 1. (If you elect this a 5% discount is applied.) | <input type="checkbox"/> <u>Annual Payment</u>
One payment in the amount of \$_____ is due no later than August 20. | <input type="checkbox"/> <u>Three Payment Plan</u>
Three payments in the amount of \$_____ each are due August, November and February. | <input type="checkbox"/> <u>Monthly Payment</u>
Ten payments in the amount of \$_____ each are due beginning August through May. |
|---|--|---|---|

FINANCIAL AID

- Select One
- I will be seeking financial aid for the 2017-2018 school year.
 - I will not be seeking financial aid for the 2017-2018 school year.

If I am eligible for and receive financial aid from the Yeshiva for the 2017-2018 school year, the required tuition and fees will be reduced by the amount of the financial aid granted.

TUITION INSURANCE

I understand that my obligation to pay the tuition and fees for the full academic year is unconditional and that after August 1, 2017 no portion of tuition and fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student(s).* In view of this obligation, I understand that the option to participate in the school's tuition insurance plan (the "Plan") is being made available to me at this time to help protect my yearly financial obligation under the terms of the Enrollment Contract. The Plan will credit the parent(s) for tuition costs covering the period from 30 days after the date of student withdrawal/dismissal until the end of the school year. **Parents are responsible for the portion of tuition not covered by the Plan.**

Please check box A or B below.

- A. I wish to participate in the school's tuition insurance plan. Note: Participation is required unless the full annual charges are paid by the opening day of school, in which case the Plan is elective. I understand that the premium cost will be billed to me on the first tuition statement. The premium rate is 7.5% of the annual tuition and fees, and is in addition to the amount stated above. I agree to pay the school (within 30 days of final invoice) whatever balance remains unpaid if any, after credit by the Plan. For the purposes of this paragraph, in the event that a family enrolls more than one student, total tuition and fees will be evenly divided between each child enrolled.

- B. I will pay my full annual charges by the opening date of school and I do not wish to participate in the school's tuition insurance plan. I understand that no refund or cancellation of the yearly tuition and fees will be made by the school for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual tuition and fees.

*In the event a refund is made prior to August 1, 2017, the cost for processing credit card transactions will be deducted from amounts refunded.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the school as stated in the current Handbook, and all of its future modifications. The undersigned agrees to release and hold harmless, the school, its agents and employees from all claims, damages or other liabilities for injuries to my child which are not the result of gross negligence by this school, its agents or employees. The undersigned also agrees to indemnify the school for damages by my child(ren). I hereby give permission for my child(ren) to attend all school sponsored trips and activities. Furthermore, I agree to the policy of the school that student grades and transcripts will not be released unless an account has been paid in full and all related requirements have been met. I understand that the school shall have the right to pursue legal action for collection of school tuition and fees and that parents will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

Enrollment, as specified within this Enrollment Contract, may be canceled without penalty (except forfeit of the Reservation Deposit) upon written notice received prior to August 1, 2017. If enrollment is canceled after August 1, 2017 parents or guardians financially responsible for the student(s) are obligated to pay the full annual charges.

This contract shall be interpreted in accordance with the laws of the State of Virginia and cannot be modified without the written consent of all parties.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of Parents or Guardians Financially Responsible for Student:

Date: _____

Signature _____

Print Name _____

Address _____

Signature _____

Print Name _____

Address _____

ACCEPTED: The Benjamin and Lillian Rochkind Yeshiva of Virginia

Date: _____

By: _____

Please see additional information on back

**Benjamin and Lillian Rochkind
YESHIVA OF VIRGINIA**

TUITION AND FEE SCHEDULE 2017-2018

	<u>Tuition</u>	<u>Dorm Fees</u>	<u>Shalshelas Journal Ad</u>
Yeshiva	\$13,175*	\$6,100	\$500**

***Per family.*

In addition to the above tuition and fees the following discounts are in effect:

- 1) 5% discount for payment by May 1 for the year starting the following September.
- 2) Families with more than 2 children pay a \$900 administrative fee only for each additional child.

*Tuition is free for students who are residents of Virginia and who qualify for The Virginia Education Improvement Tax Credit Scholarship program. \$900 administration fee will apply.

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

The Benjamin and Lillian Rochkind Yeshiva of Virginia admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, athletic and other school administrated policies.