

2025.2026 Financial Worksheet

Parents/Guardians are primarily responsible for the support and schooling of their children. It is necessary that each student be covered for the total amount of tuition. Please complete a worksheet for each student attending Gulfcoast Seventh-day Adventist School.

Name of Student: _____ **Grade:** _____

FEES

- | | |
|--|--|
| <input type="checkbox"/> \$50.00 Application Fee (K-8) | <input type="checkbox"/> \$400.00 Eighth Grade Graduation Fee |
| <input type="checkbox"/> \$100.00 Application Fee (9-11) | <input type="checkbox"/> \$100.00 Grades K-4 Field Trip Fee |
| <input type="checkbox"/> \$500.00 Registration Fee (K-8) | <input type="checkbox"/> \$400.00 Grades 5-8 Field Trip Fee |
| <input type="checkbox"/> \$600.00 Registration Fee (9-11) | <input type="checkbox"/> \$400.00 Book & Technology Fee (9-11) |
| <input type="checkbox"/> \$50.00 Kindergarten Graduation Fee | |

TUITION RATES

- | | | |
|--------------------------------|-----------|----------------------|
| <input type="checkbox"/> K-3: | \$7800.00 | (\$780.00 per month) |
| <input type="checkbox"/> 4-7: | \$7150.00 | (\$715.00 per month) |
| <input type="checkbox"/> 8: | \$6750.00 | (\$675.00 per month) |
| <input type="checkbox"/> 9-11: | \$6550.00 | (\$655.00 per month) |

**Please note that a 5% discount will be given for tuition paid in full at registration.*

PAYMENT AGREEMENT

- ☐ I/We agree to pay \$_____ by the 10th of each month for our child's tuition.
- ☐ I/We agree to pay \$_____ by the 10th each month towards our child's tuition. I/We have arranged for a sponsor to pay the balance of our child's tuition. I/We have a completed sponsor form (must be completed by the sponsor) to submit as well.
- ☐ My child qualifies for the Step Up For Students Scholarship Program. We have received approval for \$_____. I/We understand that we are responsible for the remaining balance of the Registration Fee, Application Fee, and the monthly tuition if our child is withdrawn before the last day of school or if is registered after the first day of school (if applicable). Please note that Step Up For Students Scholarship program pays fees quarterly, so the remaining balance of these particular fees would then become the responsibility of the parents if student is withdrawn during the school year or starts after the beginning of the year.
**Please see back of form for fee schedule.*

I accept financial responsibility for payment of the annual tuition and fees that are incurred throughout the school year. I, the guarantor, will accept responsibility for paying \$_____ per month until the account is paid in full. I will assure my sponsors meet the obligation they committed to on the attached sponsor form (if applicable). I further understand that I will not obtain a transcript of my student(s) record(s) at any time for any reason unless my account is paid in full. Full payment is due by the 15th of May.

Signed: _____
Parent/Guardian

Date: _____

Printed Name: _____

Signed: _____
Financial Advisor

Date: _____

Fee Schedule:

1st quarter (August 11-October 10)

2nd quarter (October 13 – December 19)

3rd quarter (January 5 – March 13)

4th quarter (March 16 - May 22)

Fees per quarter:

Registration Fee (K-8) - \$125.00

Registration Fee (9-10) - \$150.00

Application Fee (K-8) - \$12.50

Application Fee (9-10) - \$25.00

Field Trip Fee (K-4) - \$25.00

(5-8) - \$100.00

Graduation Fee (K) - \$12.50

Graduation Fee (8) - \$100.00

Book & Technology Fee (9-10) - \$100.00

Fees per month:

Tuition

K-3: \$780.00 per month

4-7: \$715.00 per month

8: \$675.00 per month

9-11: \$655.00 per month

Gulfcoast Seventh-day Adventist School

Sponsor Commitment Form

(to be completed and signed by sponsor)

I, _____, agree to pay \$_____ towards the tuition of _____ for the 2025-2026 school year. I will be paying \$_____ per _____ until the balance is paid in full. I understand that this amount must be paid in full by the 15th of May. If at any time I am unable to fulfill my commitment, I agree to contact the School Board Chairperson, Treasurer, or Principal immediately to make different arrangements.

Please indicate how you would like to receive monthly statements:

- ☐ No Statement needed.
- ☐ Please email my statement to: _____
- ☐ Please mail my statement to: _____

- ☐ I would like to speak with a financial advisor.

Sponsor Signature

Date

Print Name