ZION LUTHERAN SCHOOL 2026-2027
TUITION/FEES AGREEMENT

_____

Name of Parent(s)/Guardian(s) responsible for tuition/fees

_____

Email address(es) (tuition invoices will be emailed monthly to this address; may be multiple addresses if necessary)

_____ _____

Signature of Parent/Guardian responsible for tuition/fees.
If someone other than yourself is responsible for tuition, both responsible individuals need to sign.

_____

Date

_____ I would like to auto debit/credit my monthly tuition invoice.
(If you check this line, please fill out the Auto Pay Credit/Debit Card Authorization Form on the backside of this paper)

If someone other than yourself will be paying all or a portion of your child's tuition (i.e. grandparents or another family member, financial aid has been awarded, etc…), please explain in detail below.
*all special circumstances must be approved by administration

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