



## Letter of Cooperation

Failure to comply with these policies may be grounds for dismissal.

1. I understand that registration only becomes effective when accompanied by all of the necessary paperwork and the registration fee.
2. I agree to pay Woodlawn Community Academy by the 5<sup>th</sup> of each month. The first month's tuition is to be paid by my child's first day of attendance at school. A late fee of \$25, will be charged if the tuition has not been paid by the 15<sup>th</sup> of each month. Tuition not paid for 2 months is grounds for dismissal.
3. I understand that it is my responsibility to pick up my child at the established dismissal time. If I am late more than 2 times any quarter, I will be required to pay a \$5 late fee for every 15 minutes or part thereof from 15 minutes after the established dismissal time. This is an automatic fee.
4. I understand that I will be charged for any checks returned for insufficient funds.
5. I understand that if my child cannot attend school for any reason, I am under obligation to pay the full tuition for my child to remain enrolled.
6. Fees must be paid in full and WCA must receive a request from the receiving school before releasing educational testing results and academic records.
7. I understand that any medication brought to school must be in the original bottle with directions for administration on it, and that I need to fill out an Authorization to Dispense Medication form prior to sending it with my child.
8. I understand that my child and I must abide by all of the current policies of WCA. I have received, reviewed, and signed the Policy Manual.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_