

Cornerstone Christian Academy

Financial Commitment

PARENT NAME (PLEASE PRINT): _____

STUDENT NAME: _____ **STUDENT GRADE:** _____

EFA (EDUCATION FREEDOM ACCOUNT) RECIPIENT: YES OR NO

ACE RECIPIENT: YES OR NO

PAYMENT OPTION (CIRCLE ONE):

Annual

Semi-annual

Monthly

Biweekly

PAYMENT METHOD (CIRCLE ONE):

Cash

Check

Online

Automatic Draft

PAYMENT AMOUNT: _____

PAYMENT DATE (CIRCLE ONE): 5TH 20TH

ADDITIONAL INFO:

PARENT/GUARDIAN SIGNATURE: _____