

## 2011-2012 Parkview Adventist Academy Spending Plan

**Complete, sign and return before registration . Return by fax to 403/782-4107 or email to sfo@cauc.ca. Questions? 800/661-8129 x2**

Student Name (pls print): \_\_\_\_\_

Date: \_\_\_\_\_

**Educational Expenses for Sep 11 - Jun 12**

Balance Forward			_____
Tuition (Flat Rate)	5,852.00		
Mandatory Fees	490.00		
Miscellaneous Study Costs (Text rent, Lab fees, Weight Rm)	250.00		
<b>Total Estimated Cost of Attendance</b>		<u><b>6,592.00</b></u>	<b>(A)</b>

**Total estimated cost - Commuter**  
**\$6,592.00**  
*Tuition and Fees*

**Residential Expenses for Sep 11 - Jun 12 (add to Educ Exp in A)**

Dormitory Package (Includes Basic Plus Cafeteria Plan)	7,540.00		
<b>Total Estimated Cost of Dormitory Package</b>		_____	<b>(B)</b>

**Total estimated cost - Resident**  
**\$14,132.00**  
*Tuition, Fees and Dorm Pkg*

**Discounts (subtract from estimated costs)**

Tuition: Alberta Resident (Parent must reside in AB)	(300.00)		
Dorm Pkg: Adventist Constituent (BC, AB, MS Conferences)	(1,000.00)		
<b>Total Discounts Applicable</b>		_____	<b>(C)</b>

*Free money!*

**Summer Work and Scholarship (subtract from estimated costs)**

Sum Wrk Erngs - Adventist Org (Need pay stub from conference)	_____		
Scholarship 30% on earnings deposited by Sep 25 (max: \$1,000)	_____		
<b>Total Summer Work and Scholarship</b>		_____	<b>(D)</b>

*30% return on labor?!*

**Scholarships/On-Campus Job (subtract from estimated costs)**

Miscellaneous Scholarships (Comm Serv, Entrance,??)	_____		
Miscellaneous Scholarships	_____		
Family Discount (5% of tuition)	_____		
Plan to work during school term? (Est max of \$1,200 if no job yet)	_____		
<b>Total Scholarships and On-Campus Job</b>		_____	<b>(E)</b>

**Total Estimated Cost after subtracting Discounts, Scholarships and Work**      \$ \_\_\_\_\_ **(F)**

*Bottom line!*

**Monthly Payment Plan**

September through June (10 month school term)      \$ \_\_\_\_\_ divided by      **10**      mos. = \_\_\_\_\_  
per month for Sep11-Jun12\*

**\*Method of Monthly Payment**

- Post-Dated Checks Sep11-Jun12 (will send w/student at registration)
- Credit Card Sep11-Jun12, MC, VISA, AMEX (will call in prior to registration; 800/661-8129)

**Declaration**

I understand that this budget is an estimate of costs only and does not entitle my child to attend class or move into the dorm. Upon delivery of the payments outlined above, authorization required for registration/move in will be issued.

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



**Financial Responsibility Declaration and Guarantee**

I/We, the undersigned student and/parent/legal guardian/cosigner, have conscientiously completed the Student Budget and read this form and believe that all information stated is true and complete in every respect and I/we declare:

- a. that I/we will be responsible for all costs incurred at Parkview Adventist Academy in connection with the student named below during the 2011-2012 school year as well as any previous balance outstanding and will provide payment according to the plan indicated on the Student Budget;
- b. that if there is a variance from the Student Budget because of unexpected expenses or income changes, I/we will pay the balance outstanding at the end of each semester;
- c. that I/we understand that if the payment plan outlined on the Student Budget is not fulfilled, the student's registration may be cancelled at any time during the semester or the ability to register for subsequent semesters may be denied;
- d. that I/we or the student named below have no unpaid amounts at schools previously attended, or I/we am/are declaring that the student has an amount of \$\_\_\_\_\_ outstanding at \_\_\_\_\_;
- e. that I/we will be subject to interest charges of 1% per month (effective annual interest rate of 12.6825% per year) on any unpaid balance at the end of the academic year;
- f. that I/we understand that any unpaid balance remaining after the end of the academic year will be subject to the institutional collections policy which may include the obtaining of a credit report;
- g. that I/we have not declared bankruptcy, or, if I/we have, I/we am/are attaching details outlining status.

Dated: \_\_\_\_\_ 20\_\_\_\_\_ Print Student Name: \_\_\_\_\_

**Signatures Required Prior to Registration**

If the student is or will be 18 years of age or older prior to July 2012, the student must sign and provide his/her social insurance number and date of birth (the SIN and DOB are used for checking and updating the credit rating):

Student Signature: \_\_\_\_\_ SIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Month/Day/Year

In all circumstances, a parent, legal guardian, or cosigner signature must sign and provide his/her social insurance number and date of birth (the SIN and DOB are used for checking and updating the credit rating):

Parent/Legal Guardian/Cosigner Signature: \_\_\_\_\_

**Parent Contact Information**

Print Name: \_\_\_\_\_ SIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Month/Day/Year

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email : \_\_\_\_\_ Fax: \_\_\_\_\_

