

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 2010-2011 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 2011, 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: _____

