



**Spring Branch ISD Early Childhood
Parent/District Agreement for Half-Day Prekindergarten**

Child's Legal Name (Please print)

Student ID/SS#

Parents/Guardians: Please complete this form in the school office as part of the enrollment procedure. The prekindergarten schedule will follow the Spring Branch ISD scholastic calendar. Residency in SBISD is a requirement for participation in our prekindergarten program. By enrolling my child in the tuition-supported Early Childhood Program, I agree to the following:

1. My child's immunization requirements will be met by the first day of school attendance.
2. I will provide a change of labeled clothing (underwear, slacks, shirt and socks) to be kept at school. I will provide all necessary school supplies.
3. I will notify the school two days prior to withdrawing my child.
4. I agree to pay a total of \$3,000 in nine installments of \$333.33 each. If paying in cash, please submit the payment in person to Arnetta Hogan at the Spring Branch ISD Administration Building, 713.464.1511 (extension 2212). District employees must use payroll deduction. Checks are preferable. Installments are due the first of each month beginning September 1 through May 1.

Note: On the sixth working day, a \$25 late will be assessed. No statements will be mailed to parents. No phone calls will be made to parents as a reminder of overdue tuition.

Parent/Guardian Signature

Date

Office Use Only

Date Received: _____

Payment: _____

Please attach a copy of Registration Application and Payment Agreement form with first tuition payment when forwarding to Finance Department.