



**2018 Letter of Intent to Enroll in Elementary or Middle School
Returning Students and/or Siblings**

I intend to enroll in...	Student(s) Name	Re-Enrollment Fee (due with Letter of Intent)	Tuition Deposit (due by 2/15/18)
Elementary School Program			
Pre-First (Kindergarten)		\$550/child (increases to \$750 as of 2/16/18)	\$1000/child or \$500/child with families of 2+ students
First Grade			
Second Grade			
Third Grade			
Fourth Grade			
Middle School Program			
Fifth Grade		\$550/child (increases to \$750 as of 2/16/18)	\$1000/child or \$500/child with families of 2+ students
Sixth Grade			
Seventh Grade			
Eighth Grade			
TOTAL		\$ _____	\$ _____
Payment Plan Selection (Please circle a plan and enclose a check or select to charge FACTS.)			
Annual One Payment (Due August)	10 Payment Plan (Due August - May)		
Semi-Annual Two Payments (Due August and January)	11 Payment Plan (Due July - May)		
Quarterly Four Payments (Due July, October, January, March)	Tuition Deposit & Re-Enroll. Payment <input type="checkbox"/> Check for \$ _____ to Brookfield School is attached. <input type="checkbox"/> Charge FACTS \$ _____ to be withdrawn on Feb. 28 th , 2018.		

By submitting this form, I am enrolling in good faith my child/ren at Brookfield School for the 2018-2019 school year. I also understand that this letter, returned with my enrollment fee and tuition deposit, secures my child's/ren's place in the 2018-2019 school year. I have read and acknowledge the 2018-2019 Schedule of Fees, Financial /Behavior Agreement and 2018-2019 School Calendar. Administration will determine final classroom placement. This letter is not an acceptance; a success in the current year, a fulfilled financial obligation, and an invitation to return in the fall will secure final placement. A position must be available to accept the fee. The rates on this form are only good until **February 15, 2018 as of 6:00 pm**. I understand the tuition deposit is non-refundable/non-transferable and will be applied towards tuition.

Signature: _____

Date: _____

Please Print Name(s): _____

For Office Use Only
Date Received: ____/____/____
Amount Received: \$ _____
Received by: _____