



LYCÉE FRANCO AMÉRICAIN PRICE LIST
2017-2018

Tuition for New Students

Total Yearly	Option 1 (One Payment)	Option 2 (Three Payments)	Option 3 (Ten Payments)
	Due June 1		
Preschool	\$10,000.00	\$10,500.00	\$10,700.00
	Deposit \$1,275	Deposit \$1,275	Deposit \$1,275
Per Period:	Expires June 5	3075.00	942.50
Kindergarten	\$11,000.00	\$11,550.00	\$11,770.00
	Deposit \$1,700	Deposit \$1,700	Deposit \$1,700
Per Period:	Expires June 5	3283.33	1007.00
Elementary	\$11,500.00	\$12,075.00	\$12,305.00
	Deposit \$1,800	Deposit \$1,800	Deposit \$1,800
Per Period:	Expires June 5	3425.00	1050.50
Multi child discount: Second child: 10%. Three or more children: 15%			

OTHER FEES:

Tuition Insurance is mandatory if payment is not made in full: \$200 for preschool; \$250 for Kindergarten and elementary. Due at registration time.

Parental Involvement (volunteer hours) \$10 per hour not completed. 20 hours are mandatory per family.

Evaluation Test for new student \$150 if not coming from an accredited French school

ESOL or FLE (English or French as a foreign language) \$250 for the year.

MISCELLANEOUS FEES:

Meals \$6 per day, \$7 if ordered same day (prices subject to change)

Late payment fees: \$75 for payments made after the 5th of the month. 15% of the balance for payments made after the 15th of the month (auto charged).

Returned check fee: \$35.00

Before school for all grades \$150/month or \$12/day

After school fee \$150/month or \$12/day.

Preschool 4:30-6 pm, Kinder and Elementary 4- 6 pm

Before and after school \$200/month or \$15/day

Late pick up fee \$5/minute (after 6:05 pm)

Lycée Franco-Americain International School

"Changing the World, one Child at a Time"

8900 Stirling Rd, Cooper City, FL 33024 – www.lyceefrancoam.org

Phone (954) 237-0356 - Fax (954) 237-0366



PAYMENTS:

Option 1 (one payment) Onetime payment due on June 1st, payment option expires on June 5th.

Option 2 (three payments) payments are due August 1, November 1, and February 1.

Option 3 (ten payments), the first monthly payment is due August 1 and last payment due May1. Monthly payments are due the first day of each month.

RETURNING STUDENTS:

Registration fee for returning students is due February 15, and is non-refundable. There will be an additional \$100 fee for returning students registering after February 15, if there are still spaces available.

NEW STUDENTS:

Registration for new students begins February 16, fees are non-refundable.

There will be an additional \$100 fee for new students registering after March 15.

EQUIPMENT REQUIRED:

Students 3rd-5th grade need a tablet (iPad suggested). If not provided by parents, the school will charge \$25 per month to provide an iPad.

SCHOLARSHIPS: Please check our website www.lyceefrancoam.org for more information.

Parent/Guardian's signature

Date

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Addition to Enrollment Contract

Parents or guardians should sign this Contract in duplicate and return both copies to the Admissions Office. One copy will then be countersigned and returned by this office.

Lycee Franco Americain (LFA) agrees to enroll (student's name) for the 2017- 2018 school year, and to provide the program and educational and other services as prescribed for that grade.

In consideration of the acceptance of the Enrollment Contract by LFA the undersigned agrees to pay the required fees as specified in the Enrollment Manual and Procedures:

This contract is an addition to the general contract of the registration, policies and procedures that the parent has signed for this school year 2017-18.

I understand that my obligation to pay the fees for the full academic year is unconditional and that after August 1 no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student.

In view of this obligation, I understand participation in the Tuition Refund Plan is required unless I present satisfactory evidence of tuition and related fees are paid in full for the school year.

I understand that the cost of this insurance protection together with a leaflet describing the details will be provided to me with the first billing. The Plan will insure fees (prepaid and due) in the event of absence or separation according to the terms of the Policy. Additionally, I authorize the School to collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me. I agree to pay the School whatever balance remains unpaid after any payment by the Plan is credited to my account within 30 days after receipt of a final, itemized bill.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the School as stated in the current catalog and the rule concerning payment of fees as referred to above. Furthermore, I agree to the policy of the School that no student will be permitted to take examinations nor will grades and transcripts be released unless an account has been paid in full.

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Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardian in writing, without penalty (except forfeit of the Tuition fees) prior to August 1. If enrollment is canceled after August 1, parents or guardian financially responsible for the student are obligated to pay the full annual charges.

The undersigned agrees to release and hold harmless the school, its agents and employees from all claims, damages or other liabilities for injuries to my child which are not the result of gross negligence by this school, its agents or employees. The undersigned also agrees to indemnify the school for damages by my child.

In order to reserve a place for your child, both copies of this Enrollment Contract and your Reservation Deposit must be received by the School no later than 8/05/2017

This contract shall be interpreted in accordance with the laws of the State of Florida.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of Parents or Guardians Financially Responsible for Student: Date: _____

1. _____

Address _____

2. _____

Address _____

Accepted Date: _____ By _____

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