

Dyslexia Services of Baldwin County Financial Contract for 2026–2027 School Year

This agreement is made between **Dyslexia Services** and the parent(s)/guardian(s) of the enrolled student for the provision of educational services during the 2026–2027 academic year.

1. Tuition & Payment Options

The annual tuition for the 2026–2027 school year is **\$8,500.00** per student.

- **There could be additional costs, that are not included in the annual tuition, related to extracurricular activities or special services. (ex. P.E., archery, field trips etc.)**

The Family agrees to select one of the following payment options:

- **Option A: Annual Payment**
 - A one-time payment of **\$8,500.00** due by **August 1, 2026**.
 - No refunds will be issued for annual tuition payments under any circumstances, including withdrawal, dismissal, or extended absence.
 - Yearly Registration fee (Due July 15th) **\$450.00**
 - Application Fee **\$50.00 (non-refundable)**
- **Option B: Monthly Payment Plan**
 - **\$875.00 per month** for 10 months (August 2026 – May 2027).
 - Monthly payments are due on the **1st of each month**.
 - A late fee of \$25 will be charged for payments received after the 5th of the month.
 - The full monthly amount is due regardless of attendance or school holidays.
 - Yearly Registration fee (Due July 15th) **\$450.00**
 - Application Fee **\$50.00 (non-refundable)**
- **Option C: Scholarships (please specify)**
 - Choose Act _____
 - Scholarship for Kids _____
 - Alabama Opportunity Scholarship _____

2. Enrollment & Commitment

- This contract secures a place for the student for the full 2026–2027 academic year.
- In the event of early withdrawal or dismissal, the Family remains responsible for the full tuition balance under the selected payment plan.

3. Agreement

By signing below, the Family acknowledges that they have read, understood, and agreed to the terms outlined in this contract. This agreement is legally binding and enforceable.

Parent/Guardian Name(s): _____

Student Name: _____

Signature of Parent/Guardian: _____ Payment Option (circle one): Annual / Monthly

Date: _____

Signature of School Representative: _____

Date: _____