

Grace Christian Schools

- Request for Change of Tuition Payment Amount/Due Date
- Request to Waive Late Fees (*Does not apply to registration fees*)

Student Name(s) _____

1. Total Balance Due on Account(s) at GCS \$ _____
and/or CCHS \$ _____

2. Last Payment Amount \$ _____
Date Paid ____/____/____

3. Regular Monthly Payment \$ _____

4. Amount from your Basic Monthly Budget \$ _____
Date to be Paid ____/____/____

From Reverse Side

5. Detailed Explanation (also complete the basic monthly budget form)

Parent Signature _____ Date ____/____/____

Parent Contact Home _____ Work _____ Cell _____

Your request must be approved by the School Finance Committee before any changes are made to your payments. *This form expires at the end of each school year.*

Signature of Business Manager _____ Date ____/____/____

- Declined Approved

(Basic Monthly Budget Form on reverse side)

BASIC MONTHLY BUDGET

1st - 15th

16th - 31st

Mid-Month
Income Amount

End of Month
Income Amount

1. MONTHLY IN-COME

\$ _____

\$ _____

2. MONTHLY EXPENSES

Amount Due
(between 1st-15th)

Amount Due
(between 16th - 31st)

Giving

\$ _____

\$ _____

Savings

\$ _____

\$ _____

Housing

First Mortgage

\$ _____

\$ _____

Second Mortgage

\$ _____

\$ _____

Repairs/Maint

\$ _____

\$ _____

Utilities

Electric-
ity

\$ _____

\$ _____

Water

\$ _____

\$ _____

Gas

\$ _____

\$ _____

Phone/cell phone

\$ _____

\$ _____

Trash

\$ _____

\$ _____

Cable

\$ _____

\$ _____

Food

\$ _____

\$ _____

Transportation

Car Payment

\$ _____

\$ _____

Car Payment

\$ _____

\$ _____

Gas and Oil

\$ _____

\$ _____

Repairs/Tires

\$ _____

\$ _____

Car Insurance

\$ _____

\$ _____

Credit Card

\$ _____

\$ _____

Personal

Clothing

\$ _____

\$ _____

Health

Ins

\$ _____

\$ _____

Life/Disability Ins

\$ _____

\$ _____

Child

Care

\$ _____

\$ _____

Entertainment

\$ _____

\$ _____

Other

School Tuition

\$ _____

+

\$ _____ =

Misc

\$ _____

\$ _____

\$ _____
Put amount on line 4 on front of form

3. TOTAL MONTHLY EXPENSES

\$ _____

\$ _____