



Financial Information for Domestic Students

Student Name: _____ Grade: _____

Name of Person Financially Responsible : _____

Address: _____

City/State/Zip: _____

Phone: _____

Tuition for Oklahoma Academy is **\$10,000.00** per year for **Domestic** students.

Upon Acceptance: **\$286.00** will be billed and must be paid by the date on the invoice. The fee includes student accident insurance of **\$86.00** and the **\$200.00** refundable Entrance Fee. The remaining amount of the Entrance Fee of **\$250.00** is due at registration.

Tuition Discounts: Different payment plans with associated discounts are available and delineated on the Financial Plan. For clarification, tuition discounts only apply to tuition and DO NOT apply to additional fees or tuition benefits.

Tuition Plans

Please choose from the following **Three** payment plans. The figures do not reflect tuition benefits nor additional fees nor the Acceptance Fee of \$286.00.

- Plan 1**
 \$ 9,500.00 Tuition Fee (\$10,000.00 Less 5% Discount equals \$9,500.00)
 \$ 250.00 Entrance Fee Balance
 \$ 50.00 Refundable Room Deposit
 \$ 450.00 Technology Fee
 \$ 275.00 Textbook Fee
\$10,525.00 Total Due

One payment at Registration.

- Plan 2**
 \$ 9,750.00 Tuition fee (\$10,00.00 Less 2.5% Discount equals \$9,750.00)
 \$ 250.00 Entrance Fee Balance
 \$ 50.00 Refundable Room Deposit
 \$ 450.00 Technology Fee
 \$ 275.00 Textbook Fee
\$10,775.50 Total Due

The first payment of **\$5,675.00** to be paid in advance at time of registration. The second payment of **\$5,100.00** will be due at the beginning of the second semester.

Financial figures are subject to change.

- **Plan 3**
- \$10,000.00 Tuition Fee
- \$ 250.00 Entrance Fee Balance
- \$ 50.00 Refundable Room Deposit
- \$ 450.00 Technology Fee
- \$ 275.00 Textbook Fee
- \$11,025.00 Total Due

Total due at registration is **\$1,620.00**. Then, nine equal monthly payments of **\$1,000.00** for tuition plus **\$45.00** for Technology Fee for a total of **\$1,045.00** per month. This plan includes no discount.

Tuition Benefits: Those who qualify will receive the following tuition benefits upon billing.

- \$ 50.00 Applied per quarter if the student maintains a green card
- \$ 50.00 Applied per month if a sibling is attending at the same time
- \$ 20.00 Applied per month if the monthly bill is paid on time.
- \$1,500.00 *Potentially applied matching funds.**

* The school encourages students to participate in an assistantship/work program in the summer. This is in conjunction with approved outreach programs across the United States where Oklahoma Academy will match dollar for dollar all money earned from the program up to **\$1,500.00**. Thus a student turning in **\$2,000.00** from approved summer outreach programs would receive a total of **\$3,500.00** in financial assistance for the school year. The **\$1,500.00** is applied monthly at **150.00** per month and is not transferable.

Additional Fees:

- \$35.00 Semester Laboratory Fee
- \$65.00-105.00 Music Uniform Fee
- \$50.00-65.00 ACT Test Fee
- \$25.00 Graduation Fee
- \$ 5.00 Official Transcripts

Other Fees:

- School Supplies
- Property Damage
- School Pictures
- Medical Prescriptions
- Medical Treatment
- Field Trip Expenses
- Transportation Costs

Financial figures are subject to change.



Financial Arrangements

2023-2024 School Year

If you select plan 1 or 2, please read and sign the following statement.

I have read and understand the "Financial Arrangements for 2023-2024" and I will commit myself with the Lord's help to care for my child's bill in a timely manner, consistent with the plan I have selected.

Parent's Signature: _____ Date: _____

If you select plan 3, please fill out the remainder of the document.

Each month I will pay: \$ _____

The following people will pay:

Donor Name: _____ Phone Number: _____ \$ _____

Donor Name: _____ Phone Number: _____ \$ _____

Donor Name: _____ Phone Number: _____ \$ _____

I have read and understand the, "Financial Arrangements for 2023-2024", and I will commit myself with the Lord's help to care for my child's bill in a timely manner, consistent with the plan I have selected.

Parent's Signature: _____ Date: _____

Financial figures are subject to change.