



LINCOLN ACADEMY CONSUMABLE FEE SCHEDULE

2010 - 2011

Date: _____/_____/_____

Parent(s) Name: _____

LAST NAME

FIRST NAME

Home Phone: _____ Work Phone: _____

STUDENT NAME:	LAST NAME	FIRST NAME	GRADE	TEACHER
STUDENT NAME:	LAST NAME	FIRST NAME	GRADE	TEACHER
STUDENT NAME:	LAST NAME	FIRST NAME	GRADE	TEACHER

Description	# of Student(s)	**Consumable Fee	**Technology and Art Fee	**Field Trip Costs	Total Amount	Total Costs
Preschool Tuition: 3 days - \$225.00 per month 4 days - \$308.00 per month						
**AM and PM Kindergarten		\$62.50	\$12.50	\$20.00	\$95.00	
**All Day Kindergarten		\$75.00	\$25.00	\$20.00	\$120.00	
All Day Kindergarten Tuition \$330.00 per month X 9						
**1 st Grade		\$75.00	\$25.00	\$25.00	\$125.00	
**2 nd , 3 rd and 4 th Grades		\$75.00	\$25.00	\$25.00	\$125.00	
**5 th Grade: (Field Trip costs do include Ameritowne @ \$25.00)		\$75.00	\$25.00	\$50.00	\$150.00	
**6 th - 8 th Grade		\$125.00	\$25.00	TBD	\$150.00	
Yearbook					\$25.00	
1 st Sport: \$75.00 2 nd Sport: \$65.00 3 rd Sport: \$55.00						
Other Costs: Fees or Book Fines						
<i>Note -Regarding Field Trips: The above costs for field trips do not included all-school type field trips/and or Special Classes: (i.e.; Symphony/Art Show or 6th, 7th and 8th grade field trips).</i>						
Outdoor Lab - 6th grade only: Your balance will be available at registration or please call Mrs. Meadows at 303.467.5363; ext. 222. <u>Balance for Outdoor Lab is due by: Monday, October 18, 2010.</u>				\$190.00 without fundraising		
				TOTAL OWED		
				TOTAL PAID		
				TOTAL OWED		

****According to Colorado State Law (CRS 22-32-117) these fees are not mandatory. However, without collection of these fees we would not be able to provide adequate materials to supplement our curriculum at Lincoln Academy. The principal shall grant a waiver for students eligible for free or reduced-price lunch under the National Income Poverty Guidelines. If other hardship conditions exist the principal should be contacted. Purchases of non-instructional dues and services, such as yearbooks, photos or book fees or fines, are not included in this wavier.**

*******METHOD OF PAYMENT*******

CHECKS MUST BE PAYABLE TO LINCOLN ACADEMY.

PLEASE DO NOT INCLUDE ANY PAYMENTS FOR LA PTO IN THIS CHECK. THANK YOU!

TOTAL PD ZIP CODE

Credit Card#: _____ Exp. Date: _____ 3 Digit #: _____
VISA or MASTERCARD

ADDRESS: _____

TOTAL PD AMT OWED

Check #: _____ Cash: _____
 White Copy: Financial Office Yellow Copy: Parent/Student Revised: July 23, 2010