



# Tuition Adjustment Request 2024-2025

Must be complete and returned with all Tuition Adjustment  
Paperwork by February 21, 2024

Parent/Guardian: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone: \_\_\_\_\_

## STUDENT INFORMATION

Name of Student (oldest to youngest)

Grade for 2024-2025

Tuition Total

|       |       |          |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Tuition Total

\$ \_\_\_\_\_

## TUITION ADJUSTMENT REQUEST AMOUNT (must be completed)

|                                   |   |   |   |  |
|-----------------------------------|---|---|---|--|
| _____                             | - | _____   | = | _____  |
| Total Tuition Due<br>(from above) |   | Tuition Adjustment Request<br>(amount of discount you are requesting) |   | Balance of Tuition Amount that is<br>your responsibility |

Families applying for Tuition Adjustment are not eligible for Prairie Hill's sibling discount program

## AGREEMENT – I have read and understand my/our responsibilities.

I have read, understand my/our responsibilities and agree to the terms, conditions and policies of the Tuition Adjustment Program. As the receiver of Tuition Adjustment from Prairie Hill Waldorf School for my child(ren), I agree that I carry the responsibility to maintain the confidentiality of this agreement. I agree not to disclose any confidential information regarding my participation in the Tuition Adjustment program nor my tuition amount. Violation of this Confidentiality Agreement is grounds for the tuition adjustment agreement being withdrawn or altered.

This agreement is the entire agreement with respect to **confidential information** and supersedes any previous statements or agreements, whether oral or written. This document must be signed by both parents if married or a separate document filled out when the parents are divorced.

\_\_\_\_\_  
Signature of Parent (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PHWS representative

\_\_\_\_\_  
Date