

## 2023-24 STUDENT FEE INFORMATION – IN-STATE SOPHOMORES CLASS OF 2026

IMSA's Annual Student fee is determined by Illinois residency status. All Illinois students (In-State Students) are required to pay an annual Student/Class Fee. Class of 2026, IMSA's student fee structure is based on the National School Lunch & Breakfast Programs (the "National Programs"). IMSA assesses this fee on a six-tier sliding scale—\$6,413, \$5,264, \$3,939, \$2,907, \$1,654, and \$601—depending on the student's total family income and the number of family members in the household. The annual student fee (\$6,413) will be the same for each of the three years the student attends IMSA. Reduction in the annual fee is determined each school year, as described below.

Any Illinois family that wishes to apply for a fee reduction from \$6,413 must complete the National School Programs Application for Free and Reduced-Price Meals ("[National Programs Application](#)"). Document will be available starting in May. IMSA will not utilize or disclose personal information received from this form, except to determine a student's fee reduction.

**If you choose to submit the National Programs Application, please complete and submit to the IMSA Office of Business and Financial Services before July 15, 2023.** If you feel that your family's special circumstances merit consideration of financial aid in addition to whatever fee reduction your completed National Programs Application may qualify you for, please submit a written statement outlining these circumstances along with your application. The IMSA Office of Business and Financial Services will contact you as quickly as possible regarding the status of your student fee reduction application.

### Student Fee Payments

- **Due date:** All initial-payments, or full-payments, must be made online through the MySchoolBucks link in your [PowerSchool](#) parent/guardian account **on or before August 1, 2023.**
- **Amount Due:** The entire yearly fee amount is due in full, on or before August 1, 2023. IMSA also offers an installment payment plan option.
- If you choose the payment plan option the one time non-refundable \$50.00 Payment Plan fee will also need to be paid on your Student's account once the first partial payment is received. Plus you will need to submit the "[2023-2024 Financial Responsibility Agreement For In-State Students](#)" to OBFS.
- **Accepted forms of online payment:** Electronic-check, electronic-savings withdrawal, or credit card.
- **Online payment access** – Annual Student/School Fee invoice information will be available starting in early July 2023.

**All initial-payments, or full-payments, must be made online through the MySchoolBucks link in the [PowerSchool](#) parent/guardian account, upon the date of invoice through August 1, 2023. If you do not pay the \$50.00 Payment Plan Fee, the entire yearly fee amount is due on or before August 1, 2023.**

If you have any questions about these procedures, please contact the Office of Business and Financial Services at [busofc@imsa.edu](mailto:busofc@imsa.edu) or 630-907-5031.

### **Our mailing address is:**

Illinois Mathematics and Science Academy  
Attn: **Office of Business and Financial Services (OBFS)**  
1500 Sullivan Road  
Aurora, Illinois 60506-1000

# 2023-2024 Financial Responsibility Agreement For In-State Students

This financial responsibility agreement “agreement” constitutes a binding contract between Student’s Parent/Guardian and the Illinois Mathematics and Science Academy “IMSA” regarding the matters addressed herein. I and my, here in refers to Parent/Guardian.

## **PAYMENT OF FEES AND PROMISE TO PAY**

**Payment Obligation:** I understand and agree that when I register my student I am responsible for paying all annual registration fees and other associated costs assessed as a result of my student’s attendance, by the published deadlines, in accordance with the applicable fee schedule and payment plan selection I elect during registration.

**Payment Plan Fee:** I understand that if I elect to pay the annual registration fee in installments the one time non-refundable \$50.00 Payment Plan fee will need to be paid on my Student’s account once the first partial payment is received.

**Payment Plan Dates:** I understand that if I elect to pay the annual registration fee in installments that I am responsible to makes sure electronic payments are received August 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1, and May 1, during the academic year.

**Changes to Student Account:** If additional charges or changes to my account occur after initial annual registration, my fee balance account will reflect such charges and changes. Though IMSA may provide e-mail notice of changes to my account, I understand and agree that it is my responsibility to monitor my account and remain aware of the status of my account.

**Alteration of Account or Payment Plan:** I understand that my account information may be altered by me using the electronic payment portal.

**Withdrawal:** I understand and agree that if circumstances result in my student’s withdrawal on or before May 1 of the current school year, unpaid balances or refunds due will be calculated in whole month increments based on the official withdrawal date. Withdrawals after the 1<sup>st</sup> day of any month will result in the assessment of that month’s full obligation.

**Electronic Billing:** I understand that IMSA uses electronic billing (e-bill) as its official billing method, and therefore I am responsible for viewing and paying my student account e-bill by the scheduled due date. I further understand that failure to review my e-bill does not constitute a valid reason for not paying my bill on time.

**Billing Errors:** I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount for annual school registration fee and other obligations assessed as a result of my attendance at IMSA.

**Returned Payments/Failed Payment Agreements:** If a payment made to my student account is returned by the bank for any reason, I agree to immediately repay the original amount of the payment together with the returned payment fee of \$30.00 and any applicable late charges.

**Late Fees:** A \$10.00 late payment fee will be assessed each month for balances that fall in arrears beyond the payment due date.

**Updating Credit Card and Account Information:** I understand that it is my responsibility to make sure that all bank account information or credit/debit card account information (collectively, “account information”) provided to IMSA for purposes of payment is complete, up-to-date, and accurate at all times and that the account has sufficient funds at least 48 hours prior to the scheduled draft date.

**Delinquent Account/Collection:** I understand and agree that if I fail to pay my student account bill or any monies due and owing IMSA by the scheduled due date, it will prevent my student from attending school events, requesting transcripts, registering for the subsequent school year and/or receiving an IMSA diploma.

**APPLICATION FOR REDUCTION IN STUDENT FEE**

I understand that I can annually apply for a reduction in my student’s registration fee by completing the Application for IMSA Student Fee Reduction and that approved fee reductions are applied against my outstanding student fee balance. I understand that fee reductions are dependent upon my providing a completed Application for IMSA Student Fee Reduction and all requested supporting documentation.

I understand that my Application for IMSA Student Fee Reduction is for the current school year only and that I need to reapply for each subsequent school year.

**I acknowledge the Plan terms and conditions listed above and agree to abide by them.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian SS#:** \_\_\_\_\_  
(Please Print) (Required per State Offset System. See 15 ILCS 405/10.05, for details.)

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone Number:** ( ) \_\_\_\_\_

**Class Of:**

**Student Name:** \_\_\_\_\_  
(Please Print)

2024,  2025,  2026

**Print and mail to:**  
Illinois Mathematics and Science Academy  
Attn: **Office of Business and Financial Services**  
1500 Sullivan Road  
Aurora, Illinois 60506-1000