

# 2024-2025 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.**

<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____
<b>Parent/Guardian Name:</b> _____ (Please Print)	<b>Parent/Guardian SS#:</b> _____ (*Required per State Offset System. See 15 ILCS 405/10.05, for details.)
<b>Address:</b> _____ Street City State Zip	
<b>Phone Number:</b> ( ) _____	<b>Class Of:</b>
<b>Student Name:</b> _____ (Please Print)	<input type="checkbox"/> 2025, <input type="checkbox"/> 2026, <input type="checkbox"/> 2027

\* Collection and use of Social Security Number listed above is strictly for collection of any unpaid fees through the Illinois Comptrollers Offset system and or Collection Agencies.

**Do not email.**  
**Print and mail to:**  
Illinois Mathematics and Science Academy  
Attn: **Office of Business and Financial Services**  
1500 Sullivan Road  
Aurora, Illinois 60506-1000