



RAY OF HOPE EDUCATIONAL SERVICES, LLC d/b/a
RAY OF HOPE ACADEMY
634 Main Street, Belgium, WI 53004
Mailing Address: 640 Main Street, P. O. Box 161
Belgium, WI 53004-0161
ROHES2011@gmail.com (414) 909-3320 or (414) 531-2587

CORE CURRICULUM ENROLLMENT FORM SCHOOL YEAR 2025

ENROLLMENT DEADLINE IS DECEMBER 1, 2024

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ (Home); _____ (Cell)

Email _____

Core Class Tuition: \$6,000.00 plus Book Fee of \$375.00

A deposit of \$1,500.00 (Core Curriculum Deposit) plus a Textbook Fee (\$375.00) is required by December 1, 2024 to reserve a space in the class.

Core Curriculum Classes starts **January 4, 2024**. If not paid in full, the balance of tuition is payable on a month payment plan of **\$450.00** per month on the first day of the month for 10 months. Additional tuition can be paid at any time.

Delinquent tuition payments and students who drop out of the program will be obligated to pay the balance of tuition owed. Students with delinquent tuition will not be able to participate unless the delinquency has been satisfied. Auxiliary Classes are at an additional fee and not required in 2025. Missing two classes will be means for dismissal but tuition will still be owed.

Payment will be accepted in the form of Check, Money Order (payable to Ray of Hope Educational Services, LLC), or Credit/Debit Card and Cash. Cash payments are to be made in person only. Coming soon – PayPal on new website. **3.5% Service Fee added to all Credit Card or Debit Card payments.**

Date: _____ 

I agree to the terms stated above: _____
(Student Signature)

Check One: \$_____ [] Full Payment [] Partial Payment [] Payment Plan for ten months.

THIS FORM MUST ACCOMPANY PAYMENT

Credit/Debit Card Information:

Name on card _____

Card # _____ Expiration Date _____

CVV# _____ Type of Card: Visa Mastercard Discover American Express

Zip Code: _____ Other: _____