



FINANCIAL COMMITMENT  
AGREEMENT  
2026-2027 School Year

110 Robinwood Drive SW  
Fort Walton Beach, FL 32548  
850-243-8913 / Fax 850-243-7895

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Are you MILITARY: **Father** - Active Duty \_\_\_\_\_ Retired \_\_\_\_\_ Veteran \_\_\_\_\_ Reserves \_\_\_\_\_ N/A \_\_\_\_\_

**Mother** - Active Duty \_\_\_\_\_ Retired \_\_\_\_\_ Veteran \_\_\_\_\_ Reserves \_\_\_\_\_ N/A \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FULL NAME AND GRADE OF STUDENT(S) REGISTERED

1. \_\_\_\_\_ GRADE \_\_\_\_\_ 4. \_\_\_\_\_ GRADE \_\_\_\_\_

2. \_\_\_\_\_ GRADE \_\_\_\_\_ 5. \_\_\_\_\_ GRADE \_\_\_\_\_

3. \_\_\_\_\_ GRADE \_\_\_\_\_ 6. \_\_\_\_\_ GRADE \_\_\_\_\_

CHECK BOX FOR SCHEDULE

(K3 Student(s) Only) ☐ 5 FULL ☐ 5 HALF ☐ 3 FULL ☐ 3 HALF

CHECK BOX ☐ FES-EO ☐ FES-UA ☐ FTC ☐ Murtha ☐ Poschel ☐ Tuition Assistance ☐ VPK AM Only

Payment Options:

☐ OPTION 1 – Single Payment due July 1st

☐ OPTION 2 – FACTS 10-month payment plan

☐ Student(s) on Bus \_\_\_\_\_ (Bus Name)

☐ Student(s) in Morning Care

☐ Student(s) in After Care

I understand that this commitment form represents my family's financial agreement for this school year for my student(s) in grades K3 through 8. I further agree to read and abide by the rules and policies set forth in the Parent Student Handbook and as presented by the Classroom Teacher and do waive any right to the receipt of mid-term exams, report card(s) and/or the forwarding of transcripts in the event of a tuition and/or fees delinquency.

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

Received By: \_\_\_\_\_ Date: \_\_\_\_\_