CORNERSTONE ACADEMY

DEBIT/CREDIT CARD INFORMATION

_____ Visa _____ Master Card _____ Debit

_____ _____ Security Code _____

Card #: _____ Exp Date: _____

Name of Cardholder: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Signature of Card Holder: _____

STUDENT INFORMATION

Tuition per child

Name of Child: _____

Name of Child: _____

Name of Child: _____

_____

_____

_____

_____
Signature of person submitting this form.

Tuition Amount Total for Family:_____

Payment options: _____Year in full _____2 installments _____Monthly on 1st

_____Monthly on 15 _____1st and 15th (Learning Center only)

CORNERSTONE ACADEMY
5415 MATLOCK ROAD
ARLINGTON, TX 76018
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