



Beacon College  
Office of Accounting Services  
105 East Main Street  
Leesburg, Florida 34748  
cmorris@beaconcollege.edu

## Student Financial Agreement

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In addition to the Beacon College Policies, I agree to the following:

1. I agree to officially register and that I am responsible for knowing and complying with any and all registration deadline dates.
2. I agree to pay my account charges pursuant to the College policies. I understand the College may not send bills and I am responsible to view my student account.
3. I agree to give the College and its agent's permission to contact me on the cellphone number I provide.
4. I agree to update the College when I change my address or phone number.
5. I understand the Withdrawal Policy. If I do not attend, I am responsible for dropping classes before the end of Drop/Add period. I understand non-attendance or notifying my professor does not constitute a withdrawal. Financial Aid is based on your enrollment status. Dropping classes may affect the amount of Financial Aid awarded. Any reduction in Financial Aid may result in a balance due to the College.
6. In the event of a default in my student account, I agree to pay the amount owed, and to pay the College collection fee of 30% of the amount past due. I may also be responsible for additional attorneys' fees, interest and late fees.
7. The terms and conditions of Federal and Private loans will be governed by the Promissory Notes associated with each individual loan.

By signing below, I agree, I am entering into a legal and binding contract with the College and I hereby acknowledge that I have read and understand the Terms and Conditions of this Registration Agreement.

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Student Name

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Student ID Number

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Student Signature

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Date

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Financially Responsible Party Name

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Date

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Financially Responsible Party Signature