

PROMISSORY NOTE

I promise to pay for all owed Tuition and or damaged materials throughout the 20____ - 20____ school year for the amount of _____ dollars – as agreed on the student Application for Enrollment/Re-enrollment form to **Holy Trinity Orthodox Christian Academy, Inc.**

DATE: ____/____/____

FOR EDUCATION and/or services received, I, _____ (Borrower) promise to pay Holy Trinity Orthodox Christian academy and Preschool (IRN 000204) the sum of owed tuition, and/or including any damaged materials, and any applicable interest and/or late fees as specified below.

Repayment shall be made in monthly installments, according to your payment schedule on the 1st day of each month and continue until the principle is paid in full. OR, Borrower may pay ahead of schedule in lawful money of the United States.

If the Borrower fails to make an installment payment when due or fails to comply with any other term of this promissory note, the loan will be considered in default. A late penalty charge of 1.5% per month will be assessed until the account is brought current inclusive of the late charges, interest and applicable fees.

Borrower agrees that until the principal and interest owed under this note are paid in full, this note will be secured by the assets owned by the borrower.

Payments will be applied first to interest and then to principal. This note may be prepaid by the Borrower at any time in whole or in part without premium or penalty. In the event of the Borrower's death, the unpaid indebtedness remaining on the note shall be canceled. The Borrower must promptly inform the Lender of any change in name or address. If the Lender prevails in a lawsuit to collect on this note, Borrower will pay Lender's court costs, collection agency costs, and attorney's fees in an amount the court finds to be reasonable.

IN WITNESS WHEREOF, I set my hand under seal this ____th day of _____, 20__ and I acknowledge receipt of a completed copy of this instrument.

__X_____ _X_____

Borrower's Signature

Permanent Address: _____

Phone number _____

E-mail address _____

Employer information:

Company name: _____

Company address _____

Social Security Number: _____

Driver's License Number: _____

Notary Public - SEAL

My Commission Expires ____/____/____

