



Established 1963

# Lake Castle Private School

8400 Hayne Boulevard  
New Orleans, Louisiana 70127  
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## LAKE CASTLE TUITION AND FEE SCHEDULE OF PAYMENTS 2026 – 2027

The schedule below will give you information relative to tuition, books, etc. for the 2026 – 2027 school term.

**ALL PAYMENT PLANS – Registration fee of \$150.00 per student due upon registration**

**ALL PAYMENT PLANS – "Other Fees" must be paid by March 27, 2026**

* Non-Refundable ** "Other Fees"		Advance Pay Plan	
Paid by:		Paid by:	
January 30, 2026	\$1,069.00	January 30, 2026	\$4,676.00
March 27, 2026	\$1,102.00	March 27, 2026	\$4,826.00
N/A		After March 27, 2026	\$5,406.00

### EXTENDED – 11 PAY PLAN

See letter attached from Gulf Coast Bank for details. The school will give a 10% discount on tuition **only** for each member from the same family after the first.

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A \$40 charge will be assessed on all NSF's.

**\* NON-REFUNDABLE "OTHER FEES" INCLUDE BOOKS, (TEXTS AND CONSUMABLES), INSURANCE, STANFORD ACHIEVEMENT TESTING, OTIS-LENNON TESTING, CAPITAL IMPROVEMENT FEE, ASSIGNMENT PAD AND RELIGION BOOK/ENRICHMENT MATERIALS.**

**\* Books will not be given to students who withdraw from Lake Castle for any reason, including dismissal from Lake Castle.**

**\*\* YEARBOOK IS INCLUDED IN THE NON-REFUNDABLE "OTHER FEES."**

**Refund Policy:** If a registered student does not attend Lake Castle, 75% of the student's **total annual tuition owed** will be refunded. If a student withdraws or is dismissed from Lake Castle at any time during the first semester, 50% of the student's **total annual tuition owed** will be refunded. No refund will be given if a student withdraws or is dismissed during the second semester. The only exception to this refund policy is medical reasons, which shall be discussed with the President and handled on an individual basis. Any withdrawal from Lake Castle must be submitted to the office in writing. **THE REGISTRATION FEE AND THE "OTHER FEES" ARE NON-REFUNDABLE.**

My signature as the financially responsible party affirms that I have read, understand, and accept the terms of the Lake Castle Tuition Schedule of Payments and Refund Policy and hereby bind the undersigned to the terms thereof.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_