



<b>Names of Students and next years Grade:</b>		1.	
		2.	
		3.	
		4.	
		5.	
	<b>Multi-Student Discount</b>	<b>Parishioner Tuition Rate</b>	<b>Non Parishioner Rate</b>
1 student	NA	\$3200	\$4100 per student
2 students	\$400	\$6000	
3 students	\$750	\$8850	
4 students	\$1200	\$11,600	
<b>Total K-8 Tuition Due</b>			<b>\$</b>
Actual annual cost to educate your child at Saint Patrick School is \$7054. The remainder is paid by the parish.		I am willing to contribute an additional amount towards the actual cost of educating my child/children.	<b>\$</b>

Check Payment Option (✓)	Payment Plan	Due Date	Discount	Late Fee
	1 Payment Annual	9/1/2017	\$125 / Student	Loss of Discount
	2 Payments Semi-Annual	9/1/2017 2/1/2018	\$0	
	10 Monthly Installments (K-8) Auto Pay (Please complete ACH form and return to office by 6/1/2017)	Withdrawals begin on 9/15/17 and repeating on the 15 <sup>th</sup> of each month with final payment withdrawn on 6/15/18	\$0	
Check here if you would like to receive tuition assistance information (K-8 tuition only)				
Name of Family who referred you:				

**OBLIGATION OF PARENT / FAMILIES**

I agree to the following:

- a) I have read, understand, and agree to make payments in accordance with the aforementioned payment schedule.
- b) In the event that I default on this contract, I agree to pay Saint Patrick Parish School all reasonable and necessary costs of collection incurred to collect monies for services provided by Saint Patrick Parish School, including but not limited to: costs of any collection agent or agency; court costs; and all reasonable and necessary attorney's fees.
- c) Any monies received through the Tuition Assistance application will not be credited to the account until Parent / Families portion has been paid in full.
- d) There will be no refunds issued for absences due to illnesses or family vacations.

**By signing this document, I am agreeing to the terms set forth in this Tuition Contract and will be the individual(s) responsible for paying the tuition.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>Office Use Only</b>	<b>Total Tuition Due \$</b> _____	<b>Contracted Accepted by:</b> _____	_____	_____
		Name	Title	Date