

St. Mary Catholic School Tuition Agreement for 2009-2010

Family Name: _____ E-mail: _____

Please note that all tuition statements will be e-mailed.

Parishioner Tuition Rate (K-8)*

- 1 child... \$3590
- 2 children... \$5980
- 3 children or more... \$8240



*To receive the reduced tuition rate you must be an active registered Catholic at your local Parish.

Registration Fee (non-refundable): \$100 per student (\$150 after 3/1/09 for current families)

\$300 in tuition will be added for families who do not participate in the annual school fundraiser.

Select a payment plan. (Due 1st of the month)

- Monthly: 10 payments (Aug. 2009 - May 2010)
- Quarterly: 4 payments (Aug. Nov., Feb. & May)
- Semi-Annual: 2 payments (Aug. & Feb.)
- Annual: 1 payment (Aug. 2009) – 2% DISCOUNT

Monthly	Quarterly	Semi-Ann.	Annual
<u>Due 8/1/09</u>			<u>2% Discount...</u>
1 child: \$890	1 child: \$897.50	1 child: \$1795	1 child: \$3518
2 children: \$1480	2 children: \$1495	2 children: \$2990	2 children: \$5860
3 or more: \$1940	3 or more: \$2060	3 or more: \$4120	3 or more: \$8075
Standard: \$1350/child	Standard: \$1125/child	Standard: \$2250/child	Standard: \$4410/child
<u>Remainder...</u>			
\$300/month			
\$500/month			
\$700/month			
\$350/month			

Select a payment method.

- Cash or check payment(s).
- Debit my bank account. Routing #: _____ Account #: _____
Please attach a voided check.
- Bill my credit card. Circle: Visa MC Disc Card # _____ Exp. Date _____

Choose one of the following three options:

- I am able to pay the full tuition amount and I am also financially able to make a donation to the Guardian Angel Fund. (Please fill out the donation form for the Guardian Angel Fund.)
- I am able to pay the full tuition amount, but I am not financially able to make a donation to the Guardian Angel Fund for St. Mary School tuition assistance.
- I am not able to pay the full tuition amount. I believe I can pay _____. I am requesting assistance from the Guardian Angel Fund and my local parish family. I have completed and submitted the PSAS financial aid application form.

If you are a new family, please tell us who referred you... _____

Parent(s) Signature: _____ Date: _____

Staff Initials: _____ Date: _____ Time: _____ Reg. Amt: _____ Cash Check # _____ PDS Date: _____