SAINT PATRICK PARISH
THE CATHOLIC COMMUNITY OF HUDSON, WISCONSIN
CATHOLIC SCHOOL

K-8 Tuition Contract 2020-2021

Names of Students and next year's Grade:	1.
2.	3.
4.	5.

	Multi-Student Discount	**Parishioner Tuition Rate**	**Non Parishioner Rate**
1 student	NA	$3,600	$4,600 per student
2 students	$400	$6,800	
3 students	$750	$10,050	
4 students	$1200	$13,200	

5th Student attends free	**Total K-8 Tuition Due**	**$**
Actual annual cost to educate your child at Saint Patrick School is $8000. The remainder is subsidized by the parish.	I am willing to contribute an additional amount towards the actual cost of educating my child/children. →	**$**

Check Payment Option (✓)	Payment Plan	Due Date	Discount	Late Fee
	1 Annual Payment	9/1/2020	$125 / Student	Loss of Discount
	2 Semi-Annual Payments	9/1/2020 2/1/2021	$0	
	10 Monthly Installments (K-8) Auto Pay (Please complete ACH form and return to office by 6/1/2020)	Withdrawals begin on 9/15/20 and repeating on the 15th of each month with final payment withdrawn on 6/15/21	$0	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 / Family's 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:_____

Office Use Only
Total Tuition Due $_____ **Contracted Accepted by:**_____
Name Title Date