



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	\$3,700	\$4,700 per student
2 students	\$400	\$7,000	
3 students	\$750	\$10,350	
4 students	\$1200	\$13,600	

5th Student attends free		Total K-8 Tuition Due	\$
Actual <u>annual</u> 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	9/1/2021	\$125 / Student	Loss of Discount
	2 Semi-Annual Payments	9/1/2021 2/1/2022	\$0	
	10 Monthly Installments (K-8) Auto Pay (Please complete ACH form and return to office by 6/1/2020)	Withdrawals begin on 9/15/21 and repeating on the 15 th of each month with final payment withdrawn on 6/15/22	\$0	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.
- e) In the event that instruction may need to be offered in an alternative format during the school year, I agree to continue paying my planned tuition amount.

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: _____	Date: _____
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