

Please complete this form and return to school by February 12, 2020

EVERYONE MUST RETURN THIS FORM

Family Name: _____

Student/Students Name **Grade in September** (If Nursery or Pre-Kindergarten please list
5 full days or 3 full days Tues., Wed., Thurs.)

_____	_____
_____	_____
_____	_____
_____	_____

Address: _____

Home Phone: _____

Cell Phone: _____

Parish Supporting Family (yes/no): _____

If yes, Parish Name: _____

Non Parish Supporting Family (yes/no): _____

1. I wish to make my Tuition Payment with SMART TUITION as follows:

SMART TUITION WILL NOT ACCEPT CREDIT CARDS FOR PAYMENT. PAYMENTS WILL BE AUTO DEBIT THROUGH YOUR CHECKING OR SAVINGS ACCOUNT.

___ Debit to my Checking Account

___ Debit to my Savings Account

___ Please roll over my account information for the 2020-2021 school year

****NOTE: NO NEW APPLICATION NEEDS TO BE COMPLETED UNLESS YOUR PERSONAL INFORMATION AND/OR BANK INFORMATION HAS CHANGED.****

2. I wish to make my Tuition Payment Option as follows:

Pay School Directly

___ One payment for the school year-(Discount 2%) **Due July 8, 2020**

___ Two payments for the school year-(Discount 1%) **Due July 8, 2020 & December 2, 2020**