



SMART TUITION
Financial Solutions for Schools and Parents

St. James Catholic School - 12095
341 Amboy Ave
Woodbridge, NJ 07095

1 2 0 9 5 1 8 1 8 0

2020-2021

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER										LAST NAME OF PARENT/GUARDIAN/BILL PAYER									
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY										*LAST NAME OF ADDITIONAL AUTHORIZED PARTY									
STREET ADDRESS OR P.O. BOX															APT#				
CITY										STATE					ZIP CODE				
HOME TELEPHONE NUMBER							MOBILE TELEPHONE NUMBER												
EMAIL ADDRESS (Smart emails reminders for upcoming payments)																			

SELECT A PAYMENT METHOD

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: / / Your school allows the following due date: 1, 15

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER: BANK ACCOUNT NUMBER:

PLEASE CHARGE MY: AMEX DISCOVER MASTERCARD VISA

CREDIT CARD NUMBER: EXPIRATION DATE: / /

A 2.85% convenience fee applies to all credit/debit card payments.

- Plan A August (Payment due on August 1st 3% discount applied)
- Plan B 2 Payments (August 1st & December 1st - 2% discount applied to Dec. payment)
- Plan C 12 Payments (July-June)
- Plan D 10 Payments (Sept-June)
- 8th Grade Graduation Fee \$300.00 (\$150.00 withdrawn August & \$150.00 withdrawn December)
- HSA Fee \$40.00 withdrawn in October
- Scrip Fee \$200.00 dispersed as per payment plan chosen

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR SCHOOL OFFICE USE ONLY

FIRST FAMILY'S ENROLLING DATE

SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN

COLLECT BALANCE IN FIRST MONTH

OPTIONAL STUDENT ID:

STUDENT TUITION 1	<input type="text"/>
STUDENT TUITION 2	<input type="text"/>
STUDENT TUITION 3	<input type="text"/>
STUDENT TUITION 4	<input type="text"/>
FAMILY TUITION SUBTOTAL	<input type="text"/>

OPTIONAL SCHOOL FAMILY ID:

OPTIONAL TYPE CODE:

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$45.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER: _____ DATE: _____

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE	50	00	00
ANNUAL TOTAL DUE	\$	<input type="text"/>	<input type="text"/>