



**2017-2018
Elementary
Tuition Agreement**

Family Name: _____

_____ Student Name	_____ Grade	_____ Student Name	_____ Grade
_____ Student Name	_____ Grade	_____ Student Name	_____ Grade
_____ Student Name	_____ Grade	_____ Student Name	_____ Grade

Family Tuition Costs:

Total Family Tuition = _____ (see attached tuition rates)
 Less Deposit = _____ (\$250 per family due upon acceptance)
 Balance Due = _____ (payments according to choices below)

Payments:

Please mark your choice of payment schedule.

_____ One Payment \$ _____ July 2017
 _____ 4 Payments \$ _____ July, September, November 2017, and January 2018
 _____ 10 Monthly Payments \$ _____ July 2017 through April 2018

Policies:

- **The \$250 family deposit is non-refundable and is applied toward tuition.**
- **A \$225 academic supply fee for each student is due with the first tuition payment.**
- **New Student Application Processing Fee is \$25.00 per student.**
- **HSCS uses Smart Tuition for tuition management. Families enroll with this online service to set up payment schedules. Late fees are assessed when payments are not paid in full.**
- **Withdrawal: No tuition or fees that were due/paid through the semester in which the student is withdrawn will be refunded. School records are not released until all materials are returned, bills paid, and release signed.**
- **Financial obligations must be met before Holy Spirit School will release student records.**
- **Holy Spirit Parish subsidizes school expenses. As part of your commitment to the parish, Holy Spirit Catholic School families are obligated to be supporting members of the parish. This support includes the giving of each family's time, talent, and treasure.**

Fundraising Commitment:

Each family is required to sell/purchase tickets in the amount \$500 to support the annual school raffle.

Signature _____ Date _____

Payment Agreement

I accept the above tuition rates for 2017-2018. I will pay according to the payment terms checked above beginning July 2017. **It is my responsibility to notify the parish school in writing when a payment cannot be made on time.** A letter explaining the situation must be delivered prior to the due date of payment and must include terms of payment to remedy the delinquency.

Signature _____ Date _____
 (Signature of individual responsible for account)

Social Sec. # _____ D.O.B. _____
 (Required) (Required)

Email Address for Smart Tuition Account _____

Principal _____ Date _____