SACRED HEART CATHOLIC SCHOOL

FAMILY PAYMENT SCHEDULE

Family name: _____

Student names: _____Grade___
Student names: _____Grade___
Student names: _____Grade___
Student names: _____Grade___

Tuition paid by (for receipt purposes): _____

Annual Tuition Rate 2017-2018

1 Child Family	$2,247.00
2 Child Family (25% discount for 2nd child)	$3,932.25
3+ Child Family (50% discount for 3rd child)	$5,617.50

Office Use Only
Tuition Amount:
Discounts:
Total Payable:

Monthly Amount:

Please include the following items with this form:
❑ $75 per student non refundable registration & supply fee

Method of Tuition Payment: **Payment Options:**
Please choose one of the four methods of payment & check (✓) the payment options boxes

1. Lump Sum Payment ..... ❑ Must be paid prior to September 15th for a 5% discount
❑ Please enclose post-dated cheque

2. Pre-Authorized Debit (PAD) ..... ❑ 10 Equal Payments Must begin in September or ❑ 12 Equal Payments Must begin in July

Select Day for PAD ❑5th of month or ❑22nd of month *** A new PAD form must be completed each year**

If selecting option 2 please complete the Pre-Authorized Debit (PAD) Form and attach a VOID cheque.

3. Post-dated cheques..... ❑ Post-dated cheques enclosed Cheques must be dated for the 1st of the month (September 1st – June 1st)

4. Other (Please specify)_____
(only with approval of the Pastor & Principal)

Financial Commitment:

We pledge to pay the tuition, for the child(ren) named, in the manner chosen above.
Date: _____

Parent or Guardian Name: _____ Signature: _____