

Please Provide One Tuition Agreement Per Family

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

**ST. PHILIP THE APOSTLE CATHOLIC CHURCH RELIGIOUS EDUCATION  
TUITION PAYMENT OPTIONS & AGREEMENT 2011-2012**

**Tuition Costs:**

	Cost Per Child		Number of Children	Total
Parishioner Rate	\$40.00	x		=
Non Parishioner Rate	\$75.00	x		=

Non Parishioner Rate Applied if not Registered 2 Months Prior to Application.

Late Fee Per Child	\$5.00 Extra	x		=
			Registered after 9/1/11	
			<b>Grand Total</b>	<b>=</b>

**Payment Options:**

**Pay in Full:**

Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Installments:**

1<sup>st</sup> Installment: Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Installment: Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Installment: Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

4<sup>th</sup> Installment: Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

**Request Scholarship:**

Partial:  Amount \$ \_\_\_\_\_ (Use Installment Section for Remaining Amount)

Full:  Explain: \_\_\_\_\_

Teacher/Aide:  Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use only**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Entered into Tuition: \_\_\_\_\_

Receipt Printed: \_\_\_\_\_