

Please Provide One Tuition Agreement Per Family

Parent Last Name: _____

Phone Number: _____

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

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 9/1/10			Grand Total	=

Payment Options:

Pay in Full:

Check# _____ Amount \$ _____

Installments:

1st Installment: Amount \$ _____ Date: _____

2nd Installment: Amount \$ _____ Date: _____

3rd Installment: Amount \$ _____ Date: _____

4th Installment: Amount \$ _____ Date: _____

Request Scholarship:

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

Full: Explain: _____

Teacher/Aid: Name: _____ Relation to Student: _____

Parent/guardian Signature: _____ Date: _____

For Office Use only

Date Received: _____

Cash

Amount \$ _____

Check

Amount \$ _____ # _____ Deposit Date: _____

Amount \$ _____ # _____ Deposit Date: _____

Amount \$ _____ # _____ Deposit Date: _____

Amount \$ _____ # _____ Deposit Date: _____

Scholarship

Amount \$ _____ Teacher _____