

# Carroll Catholic School

## 2010-2011 Tuition Agreement - One Per Family

2010-2011 Annual Tuition	
Annual tuition for ____ student(s)	\$ _____
Less Tuition Assistance	\$ _____
<b>Total Annual Tuition</b>	<b>\$ _____</b>
<i>(Note: the actual cost to educate each student is \$5,892.00 per year)</i>	

The undersigned, \_\_\_\_\_, states that (he, she or they) (is, are) responsible for payment of tuition for: \_\_\_\_\_.

Name of Parent(s) / Guardian  
Name of Student(s)

The undersigned agrees to pay the total sum of tuition as indicated above \_\_\_\_\_ according to the following payment schedule:

- Annually**       **Once Each Semester**       **Once Each Quarter**       **12 Payments**  
Jul 1st                      Jul 1st & Jan 1st                      Jul 1st, Oct 1st, Jan 1st, Apr 1st                      1st of all months beginning Jul 1st

**Effective July 1, 2008 all tuition payments must be EFT or credit card payments.**

The first payment is due on July 1st. All other payments are due on the first (1st) day of the month according to the payment schedule chosen. This Agreement constitutes a contract for the payment of tuition for the student(s). **It is the responsibility of the enrolling custodial parent to ensure that tuition payments are received.**

1. If you choose the 12 payments option, your EFT or credit card payment will be processed on the 1st of each month. If your EFT or credit card payment does not clear by the 10th of the month for which the payment is due, your account will be assessed a ten dollar (\$10) late fee for per school day for which the payment is delinquent.
2. If payment of delinquent tuition and related fees is not paid in full within 45 calendar days of the due date, parent(s) or guardian(s) forfeit the right of their student(s) to receive classroom privileges.
3. If payments through June are not paid **in full** prior to the graduation date, parent(s) or guardian(s) forfeit the right of their graduating student(s) to participate in graduation ceremonies, or to receive official transcripts of grades or diploma.
4. If the terms of this Tuition Agreement are not fulfilled, parent(s) or guardian(s) forfeit their student(s) such other privileges as are from time to time promulgated by the Carroll Catholic School Commission.

**Carroll Catholic School requires all parent(s) or guardian(s) to pay by automatic account withdraw or credit card. All automatic withdraw and credit card transactions will be processed on the FIRST day of the month.**

Automatic Withdraw / Electronic Transfer Agreement	
_____ I authorize Holy Family Church to process entries from my checking account or credit card as noted above. This authority will remain in effect until I give reasonable notification to terminate this authorization.	
<input type="checkbox"/> <b>Automatic Withdraw</b>	<input type="checkbox"/> <b>Credit Card Payment</b>
Name on Checking Act: _____ Bank Routing #: _____ Bank Name: _____ Account #: _____  <i>Please attach voided check</i>	Name on Card: _____ Card Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover Account #: _____ Expiration Date: _____ Billing Zip Code: _____

The undersigned states that (he, she, or they) (has, have) read the Tuition Agreement and agree to accept its terms.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Principal Signature