

# ST. PAUL CATHOLIC SCHOOL

## TUITION PAYMENT PREFERENCE FORM 2009 - 2010

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT (S) NAME

GRADE

\_\_\_\_\_

\_\_\_\_\_

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Tuition for the 2009 – 2010 school year will be paid by (check one):

\_\_\_\_\_ **OPTION 1 – Annual Single Payment due June 1, 2009.**

\_\_\_\_\_ **OPTION 2 – Semi-annual payments due June 1, 2009 and January 1, 2010**

\_\_\_\_\_ **OPTION 3 – Quarterly Payments due June 1, Sept. 1, Dec. 1 and March 1.**

\_\_\_\_\_ **OPTION 4 – Monthly Payments due June 1, 2009 through March 1, 2010.**

Type of payment (check one):

\_\_\_\_\_ **OPTION 1 – To pay by Check**

\_\_\_\_\_ **OPTION 2 – To pay by Electronic Payment**

\_\_\_\_\_ **OPTION 3 – To have School Direct Debit your Checking Account  
(Form available in school office)**

Payments made beyond 10<sup>th</sup> of month, \$10.00 late charge will be added to payment.  
Return check Fee - \$25

I agree to make tuition payments for the 2009 – 2010 school year according to the option(s) I have checked above.

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

**Return this form to the school office by April 1<sup>st</sup>, 2009**