

Trinity Catholic Junior High School
Payment Agreement 2019-20

 Family Name

 Student Name

 Grade

 Student Name

 Grade

FEES - The student(s) listed above has registered for enrollment in Trinity Catholic Junior High School in Fort Smith, AR for the 2019-20 school year. The registration fee for each student will be **\$100 and is non-refundable**. Registration fees for new students are due at the time of registration. Registration fees for existing families within the school are due **April 19, 2019**. Families who select automatic bank draft for tuition payments will have the registration fees withdrawn in July.

If your student participates in a school activity that requires a uniform, there may be a uniform fee. Uniform fees vary by activity. If a uniform fee is required, the coach or sponsor of that activity will inform the parent or guardian of the amount. The uniform fee will be due in full by the date set by the coach or sponsor.

Other costs include, but are not limited to, Open Gym, spirit wear, student yard signs, band instrument rental fees, and athletic game passes (VIP pass).

ANNUAL TUITION - *The annual tuition is payable by one of the following methods (please check a, b, c, or d):*

Upon student's attendance in August the undersigned parent or guardian agrees to pay the annual tuition for the school year.

a I agree to pay the tuition monthly, which shall be due and payable by pre-authorized bank draft on the 5th or the 20th of each month, beginning in June or August and concluding in May of the 2019-20 school year. **I also agree to pay any bank charges imposed for insufficient funds in the account.**

Check one - 10 months or 12 months 10 months or 12 months

NOTE: Tuition paid over 12 months is only available if this form is received by the Business Manager by June 14.

Check one - Day to be drafted: 5th or 20th

NOTE: Registration fees will be drafted in July.

Check this box if you used automatic bank draft for 2019-20 and your bank account has not changed.

Name as it appears on the account: _____

Bank/Financial Institution: _____

Routing Number: _____ Account Number: _____

*****Please attach a voided check to this form.*****

b I agree to pay tuition annually, payable by August 20th for the 2019-20 school year. **Registration fee will be paid at enrollment.**

c I agree to pay tuition semi-annually, payable by August 20th and January 20th for the 2019-20 school year. **Registration fee will be paid at enrollment.**

d I do not have a bank account and will be paying the monthly tuition by cash, check, or credit card and understand it must be received by the 20th of each month. I also agree to pay any additional fees (listed below) by electing this option.

All monthly payments by cash, check or credit card (not by automatic bank draft) not received by the 20th will be subject to a \$10 late fee. If the account becomes more than 30 days past due an additional fee of \$25 will be charged for each month past due.

All credit card payments will subject to a 4% processing fee.

Any annual or semi-annual account that is more than 30 days past due will be charged a \$25 late fee for each month past due.

If tuition assistance is granted, you will be notified separately of what the revised tuition amount will be.

It is understood that, upon the student's attendance in August, the obligation to pay the annual tuition is for the full school year. No portion paid or outstanding balance will be refunded or cancelled except upon proof of illness, job relocation, or other good cause shown, as agreed to by the Principal or Administrator. In all other cases of absence, withdrawal, suspension or dismissal, the school reserves the right to settle, compromise or waive a student's annual tuition obligation in such a manner as it shall deem advisable in its sole discretion.

The undersigned parent or guardian agrees to abide by the rules and regulations of the school as found in the Trinity Catholic Junior High School Student Handbook or published elsewhere, which rules and regulations are deemed a part of this agreement.

 Parent or Guardian Signature

 Date Signed

 Home Phone

 Print Name

 Work Phone

 Cell Phone

 Street Address

 City/State

 Zip Code