

**St. Joseph Catholic School
Financial Agreement Form 2009-2010
Tuition Policy**

Family Name: _____

Tuition payments must be made regularly according to this financial agreement signed by each family. Please read carefully the following form and choose the method of payment that is best for your family in the coming school year. Tuition amounts are as stated on the previous page, but do not include TRIP credits, Scholarship amounts, or credits and/or balances from a previous year. **All families must complete this form and have it turned in to the school office before September 8, 2009**

TUITION PAYMENT OPTIONS: (please check one)

_____ Tuition Payment in Full by September 8, 2009

_____ Semester payments – half due September 8, 2009 and balance due January 4, 2010

_____ Monthly payments due on the 5th day of each month September through June **(\$15 late fee will be applied for any payment not received by the 15th of the month)**

Automatic withdrawal is available, please fill out the Ivory form and return to the school or parish office.

CONFIRM TUITION RATE BY CHECKING BOX A OR BOX B:

- A. As parent or guardian, we are active members of St. Joseph Parish and will qualify for the in-Parish tuition rate because:
1. Either myself or my spouse is a practicing Catholic, registered and contributing to the Parish.
 2. I/We, in the spirit of stewardship, recognize our obligation and responsibility to support St. Joseph Parish with time, talent, and treasure.
- B. I/We agree to pay the Out-of-Parish tuition rate.

I have read and understand the FINANCIAL AGREEMENT INFORMATION listed above. I understand that in signing this tuition agreement, I am agreeing to accept the policies, rules, and regulations of St. Joseph Catholic School, as well as the payment schedule set forth herein.

Date: _____

Signature of Parent or Guardian

Date: _____

Accepted by: _____

Representative of St. Joseph Catholic School