

TUITION PAYMENT PREFERENCE FORM

2018 - 2019

School Name: St. Elizabeth Catholic School

Responsible Party: _____

Address: _____ City _____ State _____ Zip _____

Students Name: _____ Number of Students/Grades _____

Member of the St. Elizabeth Parish _____ Yes _____ No

For the 2018 - 2019 school year, I will pay my student's tuition by the payment option checked below.

OPTION ONE

_____ Full Tuition Payment due August 3, 2018. This option entitles the responsible party to a 3% discount. This payment must be paid directly to the school by the due date. *See note if payment is not received by the deadline.

OPTION TWO

_____ 10 months through a tuition management program beginning August 5, 2018.

NOTE: As stated above under OPTION ONE, discounts will be offered but will be voided if payment is not received by the deadline date.

I agree to make tuition payments for the 2018 - 2019 school year according to one of the options above.

Responsible Party's Signature

Date