

# ST. MARTIN OF TOURS SCHOOL 2022-2023 TUITION PAYMENT AGREEMENT

*This form must be signed and returned with the \$50.00 per family pre-tuition payment (except for EdChoice registrants).*

EdChoice _____
EdChoice Exp _____

*I/We, the undersigned, accept financial responsibility for our child/children's education and agree to pay St. Martin of Tours School \$\_\_\_\_\_ for tuition.*

The tuition payment plan will be as follows: \_\_\_\_\_ monthly \_\_\_\_\_ full payment \_\_\_\_\_ other (subject to approval)

**Please read the Policy for Tuition Collection.**

I/we understand and agree to the action taken for delinquent payments as stated in the ***Policy for Tuition Collection.***

<b><u>Print</u> Parent/Guardian Name</b>	Parent/Guardian Signature	Date
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## **Please Print!**

**Family Name (Parent or Guardian Last Name):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student Name(s):**

(Last Name)	(First Name)	(Date of Birth)	(Religion)	Y N (Baptism)	(Grade Next Year)
(Last Name)	(First Name)	(Date of Birth)	(Religion)	Y N (Baptism)	(Grade Next Year)
(Last Name)	(First Name)	(Date of Birth)	(Religion)	Y N (Baptism)	(Grade Next Year)
(Last Name)	(First Name)	(Date of Birth)	(Religion)	Y N (Baptism)	(Grade Next Year)

***Your first tuition payment as stated must be paid by June 1st.***

*St. Martin School offers financial assistance in the form of the FACTS Program. If you feel your family will not be able to pay the tuition amount listed, please apply for financial assistance.*

**(OVER)**