ST. MARTIN OF TOURS SCHOOL
2019-2020 TUITION PAYMENT AGREEMENT

This form must be signed and returned with your $50 per family pre-tuition payment except for the Ed Choice Registrants.

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: Please check one: monthly ____ full payment ____ other (submit and 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".

_____ _____
Parent/Guardian Signature Date

Please Print Family Name: _____

Address: _____ Zip Code: _____

Phone #: _____ E-mail address: _____

Student's Name

_____Y___N___ _____
(Last Name) (First Name) (Date of Birth) (Religion) (Baptism) **(Grade Next Year)**

_____Y___N___ _____
(Last Name) (First Name) (Date of Birth) (Religion) (Baptism) **(Grade Next Year)**

_____Y___N___ _____
(Last Name) (First Name) (Date of Birth) (Religion) (Baptism) **(Grade Next Year)**

_____Y___N___ _____
(Last Name) (First Name) (Date of Birth) (Religion) (Baptism) **(Grade Next Year)**

Your first tuition payment as stated must be paid by June 1st.
St. Martin School does offer 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.

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