

ST.FRANCIS DE SALES SCHOOL

FAMILY REGISTRATION FOR 2017-2018

Thank you for your interest in St. Francis de Sales School.
Registration will take place from April 10 through May.
REGISTRATON FEE OF \$25.00 WILL BE WAIVED UNTIL APRIL 21, 2017.
April 22-April 30, 2017 Registration Fee is \$25.00.
After May 1, 2017 Registration Fee is \$50.00

PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE _____

PLEASE LIST ALL CHILDREN AND THEIR 2017-2018 GRADES:

<u>CHILD'S NAME</u>	<u>GRADE</u>	<u>BIRTHDATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<u>TUITION</u>	

Tuition for the 2017-2018 school year will be as follows:

PRE-K3 & PRE-K4

Pre-K3 & Pre-K4.....\$1,800.00---20 hrs. or less per week
\$2,400.00---21 hrs. or more per week

KINDERGARTEN THROUGH GRADE 8

One Child..... \$1,750.00
Two Children..... \$2,925.00
Three Children..... \$3,775.00

An additional \$550.00 will be added for each child thereafter.

A tuition agreement must be filled out online at
www.enrollwithsmart.

DATE _____

SIGNATURE _____

FAMILY NAME:

_____ Last First Name(s)

Social Security Number (Father) _____

Social Security Number (Mother) _____

EMAIL ADDRESS _____

ST. FRANCIS DE SALES CATHOLIC SCHOOL

TUITION CONTRACT

For the **2017-2018** school year, I commit myself to pay the tuition and fees as follows:

(A) Tuition \$ _____

(B) Registration Fee \$ _____

TOTAL GROSS TUITION & FEES FOR THE YEAR WILL BE:	\$ _____
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Scholarship Credit (\$ _____)

Scrip Credit (\$ _____)

TOTAL NET TUITION \$ _____

Please choose one of the payment options below:

___ Option 1: **ONE TIME FULL AMOUNT PAYMENT**

- ___ Payment will be made by cash or check directly to **Smart Tuition** or **St. Francis School office** by 8/30/2017
- ___ Payment will be made by ACH by 8/30/2017 (complete ACH section on reverse side).
- ___ Payment will be made by credit card by 8/30/2016 (complete credit card section on reverse side)

___ Option 2: **10 EQUAL MONTHLY PAYMENTS**

- ___ By ACH payments beginning September 1, 2017 and ending June 1, 2018.
(Or business day following the 15th)
- ___ By Credit Card payments beginning September 1, 2017 and ending June 1, 2018.
(Or business day following the 15th)
- ___ By cash or check directly to **Smart Tuition** or **St. Francis de Sales School office**, beginning September 1, 2017 and ending June 1, 2018.
(all bills will be sent via email or mail)
- ___ By ACH payments beginning September 15, 2017 and ending June 15, 2018.
(Or business day following the 15th)
- ___ By Credit Card payments beginning September 15, 2017 and ending June 15, 2018.
(Or business day following the 15th)
- ___ By cash or check directly to **Smart Tuition** or **St. Francis de Sales School office**, beginning September 15, 2017 and ending June 15, 2018.
(all bills will be sent via email or mail)

___ Option 2: 12 EQUAL MONTHLY PAYMENTS

___ By ACH payments beginning July 1, 2017 and ending June 1, 2018.
(Or business day following the 15th)

___ By Credit Card payments beginning July 1, 2017 and ending June 1, 2018.
(Or business day following the 15th)

___ By cash or check directly to **Smart Tuition** or **St. Francis de Sales School office**, beginning July 1, 2017 and ending June 1, 2018 (all bills will be sent via email or mail).

___ Option 2: 12 EQUAL MONTHLY PAYMENTS

___ By ACH payments beginning July 15, 2017 and ending June 15, 2018.
(Or business day following the 15th)

___ By Credit Card payments beginning July 15, 2017 and ending June 15, 2018.
(Or business day following the 15th)

___ By cash or check directly to **Smart Tuition** or **St. Francis de Sales School office**, beginning July 15, 2017 and ending June 15, 2018, (all bills will be sent via email or mail).

EMAIL BILLS to _____

Signature: _____ Date: _____
Parent, Guardian or Person who is Financially Responsible

Reviewed by: _____ Date: _____
Signature of Pastor

Approved by: _____ Date: _____
Signature of Principal

ACH WITHDRAWAL AUTHORIZATION

I/WE hereby authorize the Diocese of Marquette to transfer funds for the sole purpose of collecting tuition and fees. The funds are to be transferred from my/our:

Checking Account*

OR

Savings Account

Account # _____

Routing # _____

At _____
(Name of Financial Institution)

Please verify your account number.

*PLEASE ATTACH A VOIDED CHECK

ACH withdrawals will be made on the 1st or the 15th of each month according to the payment schedule indicated on the contract. Amounts may be adjusted after other credits and/or scholarships have been applied.

This authorization allows the Diocese of Marquette to initiate the debit entry via ACH indicated above and to initiate, if necessary, any reversal entry and adjustments for entries made in error to the accounts indicated above.

This authority is to remain in full force and effect until the Diocese of Marquette has received written notification of its termination in such time and in such manner as to afford the Diocese of Marquette a reasonable opportunity to act on it. The Diocese of Marquette may terminate ACH agreement due to, but limited to, Non-Sufficient Funds.

Date _____ Account holder signature _____

CREDIT CARD AUTHORIZATION

_____ Please charge my credit card for the **total amount** as indicated on my tuition contract.

_____ Please charge my credit card for the **monthly amount** as indicated on my tuition contract.

Name as it appears on Card _____

Visa

MasterCard

Discover

Card #: _____ - _____ - _____ - _____

Expiration Date _____

Security Code _____

Signature _____

Date _____



**Catholic Schools of the
Diocese of Marquette
TUITION SCHOLARSHIP
APPLICATION FORM**

The St. Francis de Sales School is committed to the principle that no student should be denied a Catholic Education. Family requests for a tuition scholarship will be carefully considered in relation to the annual guidelines established by the Commission on Education. Situations involving special financial circumstances should be brought to the attention of the School Office for review and consideration.

FAMILY LAST NAME: _____

FATHER: _____ MOTHER: _____

PARISH MEMBERSHIP: _____

MARITAL STATUS: _____ MARRIED _____ SINGLE

WAGE EARNERS: _____ 1 _____ 2

CHILD/CHILDREN CLAIMED ON TAXES BY: _____ MOTHER _____ FATHER _____ BOTH

TUITION AMOUNT: _____

NUMBER OF CHILDREN UNDER 18: _____

<u>NAME OF CHILDREN UNDER 18</u>	<u>GRADE</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD INCOME (Please list all that apply):

Adjusted Gross Income - Attach 2016-1040 tax return form \$ _____

Child Support - Attach 2016 Clerk of Courts documentation \$ _____

Social Security Income - Attach 2016 1099 or other documentation \$ _____

Other Non-Taxable Income - Attach 2016 1099 or other documentation \$ _____

TOTAL 2016 INCOME: \$ _____

Anticipated Gross Income – Current Year \$ _____

THIS APPLICATION WILL NOT BE CONSIDERED WITHOUT COPIES OF REQUIRED TAX AND INCOME FORMS. ALL DOCUMENTS WILL BE HELD IN STRICT CONFIDENCE. PLEASE CALL THE SCHOOL OFFICE AT 341-5512 WITH ANY QUESTIONS.

APPLICATION AND FORMS MUST BE SUBMITTED TO ST. FRANCIS DE SALES SCHOOL - ATTENTION: TUITION SCHOLARSHIP PROGRAM BY APRIL 30, 2017