



# SAINT JOHN CATHOLIC SCHOOL

## Tuition Agreement

2017-2018



Parent/Guardian Name:

Address:

City:

State:

Zip:

Contact Phone:

E-mail (for billing):

Student Name(s):

<b>One-Pupil Cost, K–8<sup>th</sup>:</b>	\$5,200.00
<b>Additional Pupil(s) in Family:</b>	\$4,600.00 /pupil
<b>Half-Day Kindergarten:</b>	3,000.00 /pupil

Total Cost:

\$

Payment Method: (Please check one):

**Yearly**

Payment due August 10

**Semester**

Payments due August 10<sup>th</sup> & January 10<sup>th</sup>

**Quarterly**

Payments due August 10<sup>th</sup>, October 10<sup>th</sup>, January 10<sup>th</sup> and April 10<sup>th</sup>

**Monthly**

Payments due 10<sup>th</sup> of each month, beginning in August ending in May

Parent Signature:

Date:

Principal Signature:

Date: