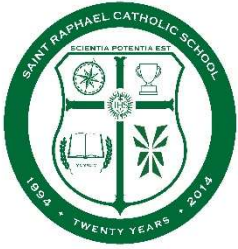


Last Name _____



2018-2019 School Year
Saint Raphael Catholic School
Interfaith Tuition Rate Agreement Form

Family Name: _____
Students Name: _____
Email Address: _____
Phone Number: _____

I select the following payment option and agree to make all payments on or before their due date.

A late fee of \$50 will be charged if payment is not received on time.

_____ **Option #1** **Annual**-I agree to pay tuition in full by **June 1, 2018**.

_____ **Option #2** **Semi-Annual**-I agree to pay tuition in Semi-Annual payments.
1st payment due **June 1, 2018**; 2nd payment due **January 1, 2019**.

Automatic Payment Options listed below require the completion of the Electronic Tuition Payment form attached. If you are changing banks or are new to the automatic draft program, please enclose a voided check with your form.

_____ **Option #3** **10 months**-I agree to have tuition automatically drafted from my bank account each month. Tuition will be divided over **10 months starting June 2018 and ending March 2019**. Amount of draft: \$ ____.

_____ **Option #4** **12 months**-I agree to have tuition automatically drafted from my bank account each month. Tuition will be divided over **12 months beginning June 2018 and ending May 2019**. Amount of draft: \$ ____.

**Withdrawal of a student requires 30-day advance written notification to the office. Refunds will be calculated 30 days after written notification to the office.*

Your family is registered to pay the Interfaith Tuition Rate of \$8,546 for the first child and each additional child for the 2018-2019 school year.

Form(s) must be signed and returned to Erin Boretti in the school office no later than Friday, May 4th, 2018.

SIGNATURE _____ DATE _____

St. Raphael Catholic School, 5815 Falls of Neuse Road, Raleigh, NC 27609