



Last Name \_\_\_\_\_

2018-2019 School Year  
Saint Raphael Catholic School  
Stewardship 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.  
1<sup>st</sup> payment due **June 1, 2018**; 2<sup>nd</sup> 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 Stewardship Tuition Rate of \$6,206 for the first child and \$5,772 for 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