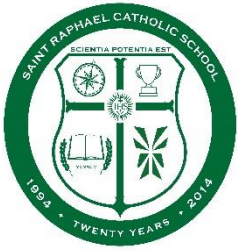


Last Name \_\_\_\_\_



2019-2020 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, 2019**.

\_\_\_\_\_ **Option #2**     **Semi-Annual**-I agree to pay tuition in Semi-Annual payments.  
1<sup>st</sup> payment due **June 1, 2019**; 2<sup>nd</sup> payment due **January 1, 2020**.

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 payments automatically drafted from my bank account for **10 months starting June 2019 and ending March 2020**. Amount of draft \$\_\_\_\_.

\_\_\_\_\_ **Option #4**     **12 months**-I agree to have tuition payments automatically drafted from my bank account for **12 months starting June 2019 and ending May 2020**. 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 \$8,717 for each child registered for the 2019-2020 school year.**

**Form(s) must be signed and returned to Erin Boretti in the school office no later than Wednesday, April 17th 2019.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

