



Last Name _____

2019-2020 School Year
Saint Raphael Catholic School
Catholic 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.
1st payment due **June 1, 2019**; 2nd 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 Catholic Tuition Rate of \$7,666 for the first child and \$7,130 for each additional child in the 2019-2020 school year.

Form(s) must be signed and returned to Erin Boretti in the school office no later than Friday, May 3rd, 2019.

SIGNATURE _____ DATE _____

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