

SCHOOL OF ST. ELIZABETH
TUITION PAYMENT AGREEMENT

PARENT/GUARDIAN'S NAME _____

ADDRESS (STREET, TOWN & ZIP) _____

My family will pay tuition according to: Rate A Schedule _____
(check one)

Rate B Schedule _____
(See Rate Schedule on reverse)

STUDENT(S) NAME AND GRADE(S) _____

NOTE: YOU MUST CHOOSE ONE OF THE OPTION PLANS INDICATED BELOW

Tuition for the 2008-2009 school year will be paid by:

_____ **Option 1:** Single Payment due August 15st, 2008. Those parents making a single payment may deduct 3% from the tuition only.

_____ **Option 2:** Two Payment Plan due August 15st, 2008 and February 1st, 2009.

_____ **Option 3:** F.A.C.T.S. Monthly Payment Plan. Payment budgeted over 10 months by bank account debit or credit card charge commencing August 1st. Payments can be made on either the 5th or the 20th of the month. See brochure for additional information. The monthly payment will also include school fees. Please enroll immediately so you may take advantage of the full 10 months to budget payments.

I agree to have my tuition payments administered according to my selection above. I understand that these are the only options available for tuition payment to be in accordance with School Policy. If I have selected Rate B above for my family I further agree that our family participates weekly at Saturday evening/Sunday mass at Our Lady of Perpetual Help and that I have formally registered at the OLPH Parish office.

Parent/Guardian Signature

Date

Kindly return this form to the OLPH Parish Office, 111 Claremont Rd., Bernardsville, NJ 07924 (fax 908-766-1185 and scanned documents are acceptable) or through the school office. **CONTACT: Paul Keating, 908-766-0079, ex #5, or at olphkeating@optonline.net**

Please respond no later than May 31, 2008.