

BETHLEHEM HIGH SCHOOL
TUITION PAYMENT PREFERENCE FORM

Parent/Guardian Name _____

Student Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

2019-20 Tuition	One student	\$8,000
	Two students	\$15,500
	Three students	\$23,000

Tuition for the 2019-20 school year will be paid as follows:

_____ Option 1 - Single payment due on or before July 15, 2019. Amount due reflects \$100 per student discount. One student \$7,900, two students \$15,300, three students \$22,700. (Discount does not apply to students receiving financial aid.)

_____ Option 2 – Semi annual payments, with no discount, ½ due July 15, 2019, and ½ due January 15, 2020.

_____ Option 3* – Automatic monthly withdrawal payment plan through Bethlehem High School and its bank. Payments are taken out over 10 months beginning in July on either the 5th or the 20th of the month. There is no fee for this service.

*If you choose automatic monthly withdrawal, please complete the authorization form on the back.

The Book fee/Tech fee of \$225 per student is due August 9, 2019.

Please return this form to:

Bethlehem High School
Jan Howard
309 West Stephen Foster Ave.
Bardstown, KY 40004
jhoward@bethlehemhigh.org

502-348-8594 or fax 502-349-1247

(FOR OPTION 3 PAYMENT PREFERENCE)

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
BETHLEHEM HIGH SCHOOL**

TAX ID 61-0592028

Please return to: Attn: Bookkeeper
309 W. Stephen Foster Ave.
Bardstown, KY 40004.

I authorize Bethlehem High School to establish automatic payments from my bank account for the purpose of tuition. Tuition payments by bank draft will remain in effect for the amount and time period as indicated below. I understand that any changes to my account must be made by me through Bethlehem High School at least ten (10) days prior to the withdrawal date.

STUDENT(S) NAME: _____

PERSONAL INFORMATION (Person responsible for payment. Name must match bank account information.)

Name _____ Daytime Phone # _____

Address _____ Evening Phone # _____

City _____ State _____ Zip _____

_____ Checking _____ Savings (Do not use a passbook type savings account)

FOR CHECKING ACCOUNTS, ATTACH A VOIDED CHECK – NO DEPOSIT SLIPS.
FOR SAVINGS ACCOUNTS, PROVIDE SAVINGS ACCOUNT NUMBER.

Bank Name _____ Phone # _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Withdrawal Date _____ 5th _____ 20th (for 10 months) Month of first payment _____ July _____

Total Balance Due \$ _____ Amount of each payment \$ _____

This authority is to remain in full force and effect until Bethlehem High School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bethlehem High School, and its bank a reasonable opportunity to act on it.

Bank fees charged for returned payments will be applied to your account.

_____ Date _____
Responsible Party Signature Required
(Signature must match name listed above)