



TUITION CONTRACT 2019-2020

Name of person responsible for tuition and fees: _____
Please PRINT Name

Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Student Name	Grade (2019-2020)

2019-2020 Tuition	
Registration Fee	\$50 per family \$350 per student
Tuition (Discounted Catholic Rate)	\$8,435 per student
Tuition	\$11,435 per student

Select one option from each box below

Choose Tuition Rate:	Choose Payment Option:	Choose Debit Date:
<input type="checkbox"/> Discounted Catholic Rate \$8,435 <input type="checkbox"/> Tuition \$11,435	<input type="checkbox"/> Full amount July <input type="checkbox"/> Semi-Annual July & January <input type="checkbox"/> Monthly July-April	<input type="checkbox"/> 5 th of the month <input type="checkbox"/> 20 th of the month

TERMS OF TUITION CONTRACT

- Tuition is due via Direct Debit (EFT) in 10 monthly payments (July-April), two semi-annual payments (July & January), or one annual payment (July) based upon the contract plan you select.
- Should any account be more than sixty (60) days in arrears, the school has the right to suspend or dismiss the student(s) from attendance at the school. In case of default of payment, the account will be referred to a collection agency. I/We agree to pay balances due, collection costs, reasonable attorney fees, and legal interest incurred. Responsible party is liable for all tuition and fees incurred for the entire calendar month the student(s) voluntarily leave(s) or is suspended or dismissed.
- Tuition for students enrolling after the start of the school year will be pro-rated and based upon the calendar month in which the student is enrolled.

SEE REVERSE SIDE FOR SIGNATURE



4. I/We understand that all Tuition and fees MUST be current to be eligible for re-enrollment for the next calendar school year.
5. As a condition of Our Lady Queen of Angels Catholic School accepting the above named child(ren), I agree to follow the rules and policies established by the Pastor and Principal of Our Lady Queen of Angels School.
6. I/We understand that participation in Catholic education at Our Lady Queen of Angels is a commitment of time and talent in addition to that of treasure. I agree to support the school with my gifts of time, talent, and treasure by way of volunteer assistance and participating in school fundraising activities. Parents will volunteer 25 hours during the school year (per family).
7. I/We understand and will uphold the mission of Our Lady Queen of Angels Catholic School and will promote the environment of Christian respect and love.
8. I/We hereby acknowledge that as the parent or legal guardian of the child(ren) being registered, I am responsible to keep all information authorizations pertaining to the child(ren) correct and current at all times.
9. I/We understand that my child(ren) may not be registered until all forms are completed, submitted, and approved.
10. I/We understand that initial enrollment is contingent upon successful completion of this Tuition Contract and applicable fees.
11. I/We understand that the Registration Fee is NON-REFUNDABLE.
12. I/We agree to abide by with the terms and conditions stated in this Tuition Contract. I/We have had the Tuition Contract explained and been provided the opportunity for questions. I/We understand this is a legal, binding, and enforceable contract. I/We agree the tuition amount is accurate and will pay this amount. I/We am aware that additional discounts may be applied at a later date due to financial aid. Further, I/We agree to pay the tuition amount faithfully, and I understand that the presence of my child (ren) at Our Lady Queen of Angels School is dependent upon the adherence to this Tuition Contract.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Signature of Guarantor
(if other than Parent/Guardian)

Date

Print Name of Guarantor

For Office Use Only Received by: _____ Date: _____