



Billing and Financial Agreement 2015-2016
Please PRINT Clearly

Student – <i>First and Last Name</i>	Grade	Tuition Rate
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Student – <i>First and Last Name</i>	Grade	Tuition Rate
		<i>Total</i> _____

GUARANTOR BILLING ADDRESS

Name _____
Relationship to Child(ren) _____
Address _____ City _____ State _____ Zip _____

TUITION Payment Choice

_____ 1 Full Tuition Payment by August 1, 2015 _____ 10 monthly payments beginning August 1, 2015

_____ **Policy on Tuition and Registration Fee Refunds** Registration and tuition fees are Non-Refundable.

_____ **Policy on Late Charges** Late Charges will be assessed for each account not paid in full by the 10th of each month. Separate Late Charges will be incurred for each balance owed. e.g. Tuition, EDP, Fundraising, etc.

_____ **Policy on Service Hours** A minimum of seven (7) hours must be served by working at a school event. The remaining three (3) may be purchased at a rate of \$25.00 per hour, or by donating foods or items to the school. Any non-completed service hours will be added to my outstanding balance on May1, 2016.

_____ **Policy on Tuition Payments **New ** Beginning August 1, 2015**, all tuition payments must be made by either an electronic bank transfer, or an ACH debit from an established checking account. Personal checks, business checks, or money orders will no longer be accepted for tuition payments. All other sundry payments may still be paid in person, by check, cash, or credit card.

Financial Agreement

The undersigned has been provided a current copy of the True Cross Catholic School fees and tuition rates and the undersigned hereby (1) elects the tuition payment choice above for the children registered by the undersigned, (2) promises to pay tuition, fees, and charges according to the terms set forth in the financial policies of True Cross School, and (3) agrees to and accepts the rules and regulations of True Cross Catholic School; including but not by way of limitation, the provision that no student's grades and transcripts be released unless such student's account has been paid up-to-date.

Signatures of both parents and/or guarantor(s) who are financially responsible for the student(s) are required:

I UNDERSTAND AND ACCEPT THE FINANCIAL TERMS SET FORTH IN THIS AGREEMENT, AS INDICATED BY MY SIGNATURE.

_____	_____
Parent or Guarantor	Date
_____	_____
Parent or Guarantor	Date

True Cross Catholic School reserves the right to dismiss the student at any time during the school year, or to decline to invite the student to return for any succeeding school term, whenever the principal, in his sole discretion, determines that continued enrollment of the student is no longer in the best interest of the student or True Cross Catholic School.