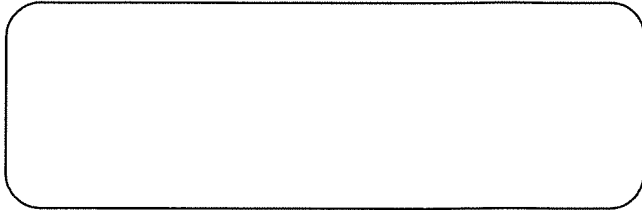


St. Joseph School
 320 West Stephen Foster Ave
 Bardstown, KY 40004
 502-348-5994
 www.stjoeelem.org



2018-2019 SCHOOL TUITION PAYMENT AGREEMENT (K-8) – MEMBER RATE
 (Includes School Fees)

# of Children (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
Monthly July - June	\$524	\$692	\$824	\$909
Monthly Aug - May	\$629	\$831	\$989	\$1,091
Semi-Annual	\$3,143	\$4,153	\$4,943	\$5,453
Annual	\$6,285	\$8,305	\$9,885	\$10,905

Please select payment frequency for the 2018-2019 school year tuition (check one):

- Full Tuition Payment due July 24, 2018.** This option entitles the responsible party to a \$120 per child discount if the total due is paid by the due date. (Discount does not apply to students receiving financial aid.)
- Semi-Annual Payments** – due August 1, 2018 and January 21, 2019
- 10 Monthly Payments** – Automatic Withdraw August 2018 through May 2019
- 12 Monthly Payments** – Automatic Withdraw July 2018 through June 2019
- An application for tuition assistance has been submitted to FACTS. You will be contacted by the Tuition Administration Committee regarding a Payment Plan Agreement once assistance has been awarded.

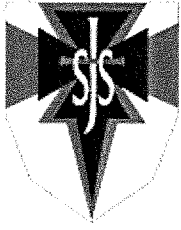
This Payment Plan Agreement must be completed and returned to the school office no later than **March 30, 2018**. If you have any questions, please contact Marda Weakley, 348-3126 or mweakley@stjoechurch.com.

 Responsible Party Signature

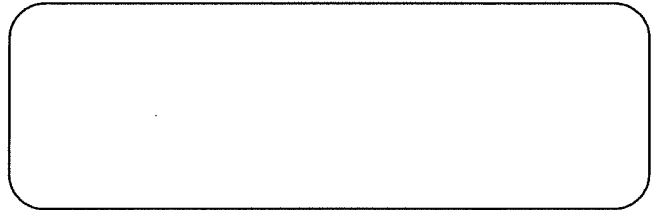
 Date

 Responsible Party Email

 Phone Number



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**2018-2019 SCHOOL TUITION AUTOMATIC PAYMENT AGREEMENT
 AUTHORIZATION MEMBER RATE(K-8)**

Bank account information is the same as last year's.

Please complete and attach a voided check or savings deposit slip for verification of financial institution information:

- Checking Account
- Savings Account

Financial Institution Name	
Routing Number	
Account Number	

10 Monthly Payments – Automatic Withdraw August through May

Please choose one of the following date options:

- Beginning August 5 and ending May 5
- Beginning August 20 and ending May 20

12 Monthly Payments – Automatic Withdraw July through June

Please choose one of the following date options:

- Beginning July 5 and ending June 5
- Beginning July 20 and ending June 20

TUITION PAYMENT SCHEDULE – MEMBER RATE

# of Children (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
Monthly July - June	\$524	\$692	\$824	\$909
Monthly Aug - May	\$629	\$831	\$989	\$1,091

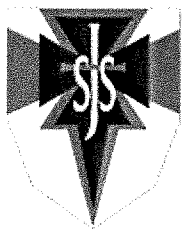
By completing this form, I authorize St. Joseph Parish School to initiate entries to my account as indicated above and the Financial Institution named to debit the same to such account. This authority is to remain in force until St. Joseph Parish has received notification from me of withdrawal in such time and in such manner as to afford St. Joseph Parish School a reasonable opportunity to act on it.

 Responsible Party Signature

 Date

 Responsible Party Email

 Phone Number



St. Joseph School
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 Bardstown, KY 40004
 502-348-5994
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2018-2019 SCHOOL TUITION PAYMENT AGREEMENT (K-8) – NON-MEMBER RATE
 (Includes School Fees)

# of Children (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
Monthly July - June	\$572	\$757	\$925	\$963
Monthly Aug - May	\$686	\$908	\$1,110	\$1,155
Semi-Annual	\$3,430	\$4,540	\$5,548	\$5,775
Annual	\$6,860	\$9,080	\$11,095	\$11,550

Please select payment frequency for the 2018-2019 school year tuition (check one):

- Full Tuition Payment due July 24, 2018.** This option entitles the responsible party to a \$120 per child discount if the total due is paid by the due date. (Discount does not apply to students receiving financial aid.)
- Semi-Annual Payments** – due August 1, 2018 and January 21, 2019
- 10 Monthly Payments** – Automatic Withdraw August 2018 through May 2019
- 12 Monthly Payments** – Automatic Withdraw July 2018 through June 2019
- An application for tuition assistance has been submitted to FACTS. You will be contacted by the Tuition Administration Committee regarding a Payment Plan Agreement once assistance has been awarded.

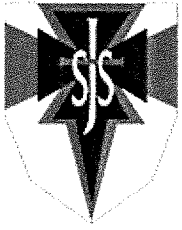
This Payment Plan Agreement must be completed and returned to the school office no later than **March 30, 2018**. If you have any questions, please contact Marda Weakley, 348-3126 or mweakley@stjoechurch.com.

 Responsible Party Signature

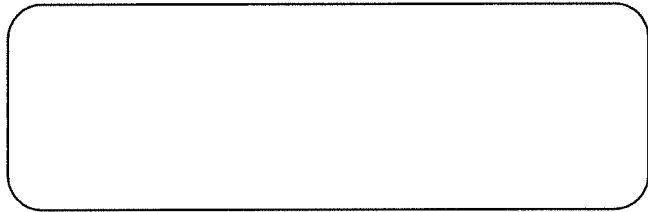
 Date

 Responsible Party Email

 Phone Number



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**2018-2019 SCHOOL TUITION AUTOMATIC PAYMENT AGREEMENT
 AUTHORIZATION NON-MEMBER RATE (K-8)**

Bank account information is the same as last year's.

Please complete and attach a voided check or savings deposit slip for verification of financial institution information:

- Checking Account
- Savings Account

Financial Institution Name	
Routing Number	
Account Number	

- 10 Monthly Payments** – Automatic Withdraw August through May
 Please choose one of the following date options:
 - Beginning August 5 and ending May 5
 - Beginning August 20 and ending May 20

- 12 Monthly Payments** – Automatic Withdraw July through June
 Please choose one of the following date options:
 - Beginning July 5 and ending June 5
 - Beginning July 20 and ending June 20

TUITION PAYMENT SCHEDULE – NON-MEMBER RATE

# of Children (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4+
Monthly July - June	\$572	\$757	\$925	\$963
Monthly Aug - May	\$686	\$908	\$1,110	\$1,155

By completing this form, I authorize St. Joseph Parish School to initiate entries to my account as indicated above and the Financial Institution named to debit the same to such account. This authority is to remain in force until St. Joseph Parish has received notification from me of withdrawal in such time and in such manner as to afford St. Joseph Parish School a reasonable opportunity to act on it.

 Responsible Party Signature

 Date

 Responsible Party Email

 Phone Number