

SCHOOL USE ONLY

Regis Fee ck #: _____

Book Fee ck amt: _____

Testing Fee ck #: _____

**ST. CATHERINE LABOURÉ SCHOOL
2010-2011 TUITION AGREEMENT**

SCHOOL USE ONLY

Tuition

Date _____

I have read and agree to accept the conditions of the tuition contract statement and the conditions of the tuition policy statement.

PARTY PAYING TUITION

CHILD(REN)

(Grade 2010-2011)

Name _____
(Please print)

Home Phone _____

Work Phone _____

E-mail Address _____

Mailing Address _____

Please check one: Catholic _____ Non-Catholic _____

AGREEMENT

I agree to abide by the payment plan and amount indicated and will pay my first tuition payment no later than July 20th. It is my understanding that my child's place will not be held if the July payment is not received and that delinquent payment during the year will result in withholding school reports, records, or possibly withdrawal of my child from Saint Catherine Labouré School.

*Registration fees are **NON-REFUNDABLE**. The exception to this is if the school does not accept a student. In that case \$150 will be refunded. A refund of 25% of the tuition will be given only when a student has attended LESS than ten (10) days of a semester. Attendance of ten (10) days or more days the first semester commits the student's family to pay for the entire year.

I also understand I will have to **complete thirty (30) volunteer hours of the current school year or pay \$10 / hour for all hours not completed.**

We accept the conditions of the tuition policy statement

(Signature)

(Printed Name)