

## St. Martha School 2011-2012 TUITION FORM

If more than one party is responsible for paying tuition, list other party's name   
**one form is required for each party paying tuition.**

**PRINT CLEARLY**

Parent(s)/Guardian(s) responsible for tuition:		Envelope #
Address		City/State/Zip
Home Phone	Cell Phone	Email

**(List last name if different from above)**

Student Name \_\_\_\_\_  
 Student Name \_\_\_\_\_  
 Student Name \_\_\_\_\_  
 Student Name \_\_\_\_\_  
 Student Name \_\_\_\_\_

**Students entering in K-8 (not Pre-K)**

2011-2012 Grade \_\_\_\_\_  
 2011-2012 Grade \_\_\_\_\_  
 2011-2012 Grade \_\_\_\_\_  
 2011-2012 Grade \_\_\_\_\_  
 2011-2012 Grade \_\_\_\_\_

**Deduct 2011-2012 tuition the same as 2010-2011. I have no changes to frequency or bank account. Sign and return. Do not write in the box below. Do not attach a voided check.**

**Select one:**       **Checking Account**       **Savings Account**

Tuition will be deducted electronically from your account July 2011 - June 2012 in accordance with your selection below unless you are paying in full:

**If you select a single payment, a voided check or deposit slip is not necessary  
 All other families must include a voided check (checking) or deposit slip (savings)**

**Check one:**

**Single payment with a personal check - due June 10, 2011  
 \$100/child discount applies up to \$300 for annual payment**

**Deduct tuition Semi-monthly on the 1st & 15th of the month**

**Deduct tuition Monthly on the 1st of the month**

**Deduct tuition Monthly on the 15th of the month**

**Deduct tuition Monthly on the 25th of the month**

OFFICE USE ONLY	
ANN	_____
FA ANN	_____
SEMI	_____
FA SEMI	_____
MO	_____
FA MO	_____

I (we) hereby authorize St. Martha School to initiate the above debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account.

This authority is to remain in full force and effect until June 30, 2012, or St. Martha School receives written notification from me (us) of its termination in such time and in such manner as to afford St. Martha School and your financial institution a reasonable opportunity to act on it.

**Names:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Signed X** \_\_\_\_\_

**ATTACH VOIDED CHECK (Checking) OR DEPOSIT SLIP (Savings) HERE**