

**St. Joseph's
School**

**Tuition Commitment Form
2020 – 2021 School Year**

Date: _____

Family Name: _____

Student(s) (First names): 1. _____ 2. _____ 3. _____ 4. _____

Parent/Guardian #1 (Please Print): First Name: _____ Legal Surname: _____ PO Box: _____ Street Address: _____ Postal Code: _____ Telephone (Residence): _____ (Work): _____ (Cell): _____ Email _____	Parent/Guardian #2 (Please Print): First Name: _____ Legal Surname: _____ PO Box: _____ Street Address: _____ Postal Code: _____ Telephone (Residence): _____ (Work): _____ (Cell): _____ Email _____
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Financial Fees for the school year 2020-2021 are as follows:

Tuition Rates \$260 per month single child
 \$345 per month two children rate
 \$355 per month three children rate
 Add \$10.00 for each additional child over three

*Bussing Fee \$250 per year for single child rate
 \$310 per year for family rate

*Homework Book Fee \$12 per year (grade 3-7) per student

*(Fees subject to change)

Annual Family Fees Due	
Tuition:	_____
Bussing:	_____
Supply Fee:	_____
Total:	_____

A. Financial Commitment:

- I will pay the full fees in the current year.
- I am requesting financial assistance {please fill out section on reverse}

Name of person(#1) making the payments: _____ (_____ % of total)

Name of person(#2) making the payments: _____ (_____ % of total)

Frequency of Payment: Monthly Quarterly Yearly
 \$ _____ \$ _____ \$ _____

Method of Payment: Pre-authorized debit Post-dated cheques Cash

All forms of tuition payment must be paid by the 15th of the month.

I have read and understand the Overdue Accounts Collection Procedure.

B. Sign Here

PARENT/GUARDIAN #1: _____ Date: _____

PARENT/GUARDIAN #2: _____ Date: _____

C. Financial Assistance Request: please fill out this section if you are requesting financial assistance. Someone from the School will contact you to arrange a meeting to process the request.

Reason (s) For Request:

Have you previously searched for other funding opportunities through community partners or organizations to assist with your financial obligations, prior to requesting tuition assistance?

Y _____ N _____

If requesting financial assistance, then please give the following information:

Amount you are able to pay per month: \$ _____

Net Income of both parents from previous year tax return submission: \$ _____

Copies must be provided by both parents.

Date on which we can review tuition payments: _____

Office Space:

Date of Approval: _____

School Representative: Name: _____

Signature: _____

(Principal, Pastor, or School Council Member)
