



St. Benedict Catholic School  
2017-2018  
**Tuition Worksheet**

Name of person responsible for tuition: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parish \_\_\_\_\_ Envelope Number \_\_\_\_\_

Signature of person responsible for tuition: \_\_\_\_\_

Student Name	Grade 2017-2018	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TUITION AMOUNT: Per child \$4,400.00** 1. \_\_\_\_\_

**Participating Parishioners \$3,750.00**

First Child	\$3,750
Second Child (20% discount):	\$3,010
Third Child (40% discount):	\$2,270
Fourth Child (60% discount):	\$1,530

**TUITION DEPOSIT:** Paid with Registration Fee for all families K-8.....(\$100.00) 2. \_\_\_\_\_

*Subtract line 2 from line 1. This is your Total Balance Due.*

3. \_\_\_\_\_  
*Total Balance Due*

Please indicate the payment option you prefer by placing an "X" in the appropriate box below.

- OPTION A:** Pay, in full, all tuition directly to St. Benedict Catholic School by July 1, 2017. (Line #3)
- OPTION B:** Finance the entire amount of tuition with a local lending institution. (Line #3)
- OPTION C:** Make a partial payment by July 1, 2017 directly to St. Benedict Catholic School and finance the balance with a local lending institution. (Line #3)
- OPTION D:** My child is enrolled in the EdChoice Scholarship Program.
- My Child will **NOT** attend St. Benedict Catholic School for the 2017-2018 school year.

Parent/Guardian Signature (if NOT returning)

Regardless of the payment option you choose, this form **MUST** be returned to St. Benedict Catholic School **NO LATER THAN** March 1, 2017 in order to process your child's registration.