



**Tuition/Fees - Holy Family / Sacred Heart
2014 - 2015 School Year**

Parent/Guardian Responsible for Payment

Address _____ City _____ State _____ Zip _____

*ADD TUITION, FEES FOR EACH CHILD

1st Child	Name: _____		Grade: _____
	Tuition	\$2,825.00	
	Fees		
	Total		

*Indicate amount from attached fees list (page 2)

2nd Child	Name: _____		Grade: _____
	Tuition	\$1,114.00	
	Fees		
	Total		

*Indicate amount from attached fees list (page 2)

3rd Child	Name: _____		Grade: _____
	Tuition	\$563.00	
	Fees		
	Total		

*Indicate amount from attached fees list (page 2)

4th Child	Name: _____		Grade: _____
	Tuition	\$563.00	
	Fees		
	Total		

*Indicate amount from attached fees list (page 2)

5th Child	Name: _____		Grade: _____
	Tuition	\$563.00	
	Fees		
	Total		

*Indicate amount from attached fees list (page 2)

Family Total \$ _____

Less: SCRIP Credit _____

Less: \$200 deposit _____

Balance Due \$ _____

Payment Frequency (select one)

___ Annually - September 1st

___ Semi-Annually - August 15 and January 15

___ Monthly - August thru April on the 15th

Payment Method (select one)

___ Electronic Transfer *For monthly payment option only

15th of month

*complete attached form

___ Check or Money Order

We agree to pay the above amount for the 2014-2015 school year. We realize that failure to pay the Tuition & Book Fees may result in the discontinued attendance of our child/children at ICS, unless tuition assistance is approved.

Parent/Guardian Signature _____ Date _____

Return this copy to school. Complete and keep page 2 for your records.

