

**ST. MICHAEL SCHOOL**  
**K thru 8 TUITION CONTRACT SIGNATURE FORM**

Parent(s)/Guardian(s):  
 Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: Mom [ ] \_\_\_\_\_ Cell Phone: Mom [ ] \_\_\_\_\_

Dad [ ] \_\_\_\_\_ Dad [ ] \_\_\_\_\_

Please list children who will be attending St. Michael School in 2020-2021

	Date of Birth	Grade Level
Student Name(s) (First Middle Last)	(mm/dd/yyyy)	In August 2020

**Tuition and Fees Commitment:**

I/We have reviewed the 2020-2021 Tuition and Fees Schedule and agree to be bound by and accept the financial obligations associated with the enrollment of our child/children at St. Michael School for the 2020-2021 school year. I/We have reviewed and accept the terms of the Delinquent Financial Obligation Policy.

\_\_\_\_\_

Please Initial

**Tuition and Fees Payment Commitment:**

I/We have selected the following Tuition and Fees payment schedule for 2020-2021. I/We have reviewed the Tuition and Fees Payment Policy and agree to be bound by the terms of the Tuition and Fees Payment Policy. I/We have reviewed and accept the terms of the Delinquent Financial Obligation Policy. (PLEASE INITIAL ONE ONLY)

_____ 10 Monthly Payments (August through May) Please Initial	_____ Annual Payment (August 1) Please Initial
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**Parishioners' Participation Policy Commitment:**

I/We have reviewed the Parishioners' Participation Policy regarding my/our family's financial obligations to the Sunday Offering at St. Michael Parish or be required to pay the non-parishioner tuition rate for each enrolled child. I/We have reviewed and accept the terms of the Delinquent Financial Obligation Policy.

\_\_\_\_\_

Please Initial

Parent/Guardian Signature	Initials	Date
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Parent/Guardian Signature	Initials	Date
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