

St. John Brebeuf School 2010 / 2011 - Tuition Payment Schedule Form

The following schedule and options are for **tuition payment only**.

Option 1

Payment in Full – July 1st

Option 2

3 Payments – July 1st (35%) / October 1st (35%) / February 1st (30%)

Option 3

10 Equal Payments – July through April (1st of the month OR 15th of the month)

Method of Payment can include: Cash, Post Dated cheques, Automatic Bank withdrawals, or automatic credit card.

*Agenda and Lunch Fees are not available as part of the equal payment plan choices above (Option # 2 or # 3) and must be paid separately and accompany the first tuition payment.

Name(s) of children tuition is for:

1st Child - Full Name: _____ Grade: _____ Amount Due: \$ _____
2nd Child - Full Name: _____ Grade: _____ Amount Due: \$ _____
3rd Child - Full Name: _____ Grade: _____ Amount Due: \$ _____

Total Amount of Tuition : \$ _____

Method of Payment

- Cheque Enclosed Post Dated Cheques enclosed
(Please make all cheques out to "St. John Brebeuf")
- Bank withdrawal (PAP) MasterCard Visa

If by Visa or MasterCard Credit Card Please confirm:

Card Number _____ Expire Date ____ / ____

Name on card _____

Signature of cardholder _____

(Please insure **both sides of this sheet** are filled out and returned to the school **no later than March 15th, 2010**)

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If by withdrawal from bank cheque account please enclose a voided cheque. For all other accounts (Savings, Line of Credit etc.) please fill out account information below.

Name of Financial Institution _____

Financial Institution Branch Transit Number _____

Your Account Number _____

My preference is to have my/our tuition payment made on the: (Please check one):

1st of the month

15th of the month

***A \$25.00 Fee will be applied to NSF Cheques or declined electronic payments**

*Note: A charitable donation receipt for the tuition fees of St. John Brebeuf School is provided annually and calculated according to Revenue Canada information circular #75-23. Receipts are issued annually in accordance with those guidelines.

I / we have read and understood the above tuition schedule information and agree to honor the choices I /we have made.

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____

Parent #1 Signature _____ **Parent #2 Signature** _____

Lunch and Agenda fees must be included with the 1st tuition payment.

Amount paid _____ **Visa or Mastercard** **Cheque Enclosed**

(Please insure **both sides of this sheet** are filled out and returned to the **School Office no later than March 15th, 2010.**)