

**ST. FRANCIS HIGH SCHOOL
TUITION PAYMENT & ANNUAL APPEAL AGREEMENT**

**This form is mandatory for all families, and must be returned to the
Business Office by FRIDAY MAY 1st, 2009**

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

STUDENT(S) NAME: _____

Tuition for the 2009-10 school year will be paid by (select one option):

- Option One**
Single Payment, directly to school, on or before August 1, 2009
Amount due \$ 8,325.00 (\$8,725.00 - \$400.00 Advance Tuition)

- Option Two**
Payment directly to school, in two (2) installments.
\$4,162.50 is due on or before August 1st, 2009 and \$4,162.50 is due
on or before January 1st, 2010.

- Option Three - FACTS monthly payment plan.**
Payments budgeted over 10 months beginning August 1st, 2009.
Payments can be made on either the 5th or the 20th of the month.

Our family Annual Appeal tax deductible gift for the 2009-10 school year will be: \$ _____

(The minimum suggested family gift is \$500.)

If you choose **Option One** or **Two**, you will receive a pledge reminder in September, 2009. If you choose **Option Three**, the annual appeal amount that you pledge on this form will be added to your FACTS Statement. You will receive a gift receipt for this amount before December 31, 2009.

Name(s) _____
Print name(s) as you want it to appear in the publically distributed Annual Report.

I agree to make tuition and contribution payments for the 2009-2010 school year according to the option selected above. I have read the school policy regarding payment and agree to abide by this policy.

Parent/Guardian Signature

Date

Business Office Fax Number: 630-668-3043