

Account Statement for 2016 – 2017 School Year

Parent's names _____

| <u>Student's Name</u> | <u>Grade</u> | <u>Student's Name</u> | <u>Grade</u> |
|-----------------------|--------------|-----------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | |
|--------------------------------|-----------|
| Tuition X | \$ _____ |
| Involvement Hours Fee | \$ 200.00 |
| Seventh Grade Camp Fee | \$ _____ |
| <u>Total Fees</u> | \$ _____ |
| Previous Past Due Balance | \$ _____ |
| Previous Credit Balance | \$ _____ |
| Credit (family referral, etc.) | \$ _____ |
| Payment | \$ _____ |
| Balance Due | \$ _____ |

Please do not write in the payment section below. For office use only.

| Date | Check # | Payment or Credit | Charge or Fee | Balance | |
|------|---------|-------------------|---------------|---------|--|
| | | | | | <p>Please select a payment option:</p> <p><input type="checkbox"/> One annual payment in: (_____) month</p> <p><input type="checkbox"/> Four quarterly payments (Aug., Nov., Feb. & May)</p> <p><input type="checkbox"/> Ten monthly payments *(Aug. to May)</p> <p>Monthly payment amount</p> <p>\$ _____</p> <p>All fees must be paid by May 15, 2017.</p> |
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*Monthly payments must be paid on a regular basis to avoid additional fees.

Signature of Parent or Guardian _____ Date _____

This statement must be signed and returned to the school office at registration. Thanks.