

St. Stephen School

To Love, To Inspire – To Achieve!

Discipleship Embodied · Partnership Embraced · Scholarship Celebrated · Leadership Modeled · Citizenship Personified

Family Name: _____

Address: _____

2010-2011 NON-PARISHIONER TUITION AGREEMENT

Tuition, Registration, & Scrip Fee Schedule

Please Clearly Circle/Mark your Tuition & Scrip Options

Registration Fee Pre-K-Grade 8: \$70.00/child by Mar.15 \$85.00/child after Mar.15

K- 8 Program	Tuition Per Child	10 Month Option	12 Month Option	Annual (-2% Disc.)
Tuition Kn-8	\$4,530.00	\$453.00	\$377.50	\$4,439.40

2010-2011 4 Yr. Old Pre-Kindergarten Program

#1-5 Day PK 4 All Day/Child	\$4,175.00	\$417.50	\$347.92	\$4,091.50
#2-5 Day PK 4 AM/Child	\$2,725.00	\$272.50	\$227.09	\$2,670.50
#3-5 Day PK 4 PM/Child	\$2,725.00	\$272.50	\$227.09	\$2,670.50

Each Family Must Select one of the two following options:

Scrip Opt-In: _____ I/We choose to purchase Scrip that amounts to a \$250.00 net profit from 7/1/10 -5/1/11. (Obligation to be met by 5/1/11 Periodic statements will be provided.)

Scrip Opt-Out: _____ I/We choose Scrip Opt-Out and will pay the opt-out rate with our tuition at a rate of \$25.00 per month or \$250.00 per year in lieu of program participation this will be billed with my tuition.

Payment Options Available:

_____ **Annually:** One payment due August 15, 2010 with a 2% discount.

Please note that Annual payments not made on time will not be eligible for the 2% discount.

_____ **Monthly:** Ten equal payments Aug–May **or** Twelve equal payments May-June Through direct debit of checking or savings account via FACTS Tuition Company.

_____ Please continue my current enrollment in FACTS all information is the same.

_____ Ten Monthly FACTS Payments

_____ Twelve Monthly FACTS Payments

PLEASE COMPLETE THIS SECTION

I agree to abide by the terms of the Tuition Payment Option selected above. I understand that in accordance with the Tuition Policy of St. Stephen's School, if tuition or Scrip fundraising is overdue student exam grades will not be recorded and report card and transcripts will be withheld, and that this may result in a request to remove my child(ren) from St. Stephen School.

NAME (please print): _____

SIGNATURE: _____

(Please complete both sides, return top copy, and retain 2nd copy for your records.)

tuitioncontractnonparishioner

How did you learn about SSS? SSS was recommended by _____

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ST. STEPHEN SCHOOL 2010– 2011 STUDENT REGISTRATION INFORMATION

I. STUDENT INFORMATION 2010-2011

Last Name, First Name	GRADE	Male/Female		Date of Birth	New Student	
		M	F		Y	N
1. _____	_____	M	F	__/__/__	Y	N
2. _____	_____	M	F	__/__/__	Y	N
3. _____	_____	M	F	__/__/__	Y	N
4. _____	_____	M	F	__/__/__	Y	N
5. _____	_____	M	F	__/__/__	Y	N
6. _____	_____	M	F	__/__/__	Y	N

II. FAMILY INFORMATION:

Family Name: _____

Street Address: _____

City/Zip: _____, NY ZIP _____ Home Phone: _____

Family E-Mail: _____

	Father	Mother
Parent First Name:	_____	_____
Phone (Home)	_____	_____
Phone (Work)	_____	_____
Phone (Cellular)	_____	_____
E-Mail Address:	_____	_____

**ALTERNATE BILLING INFORMATION: Complete only if different than Family Section
(Important: If paying monthly, a FACTS form must accompany all new registrations.)**

Name: _____

Street Address: _____

City/State: _____ ZIP _____

Phone (home) _____ (work) _____

Relationship to student(s): _____

REGISTRATION FEE – The Payment made at time of registration is Non-Refundable.

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OFFICE USE ONLY

ID#	Annual Tuition Rate:\$	10 Month Tuition Rate: \$	12 Month Tuition Rate: \$
_____	_____	_____	_____

Scrip In ___ Scrip Out ___ Annual Scrip Rate: \$250.00 Monthly Scrip Rate: \$ 25.00

Registration Fee Paid \$ _____ Date: __/__/__ Cash/Check# _____ Initials _____

Current FACTS Re-Enrollment Confirmed: Yes No New FACTS Received Yes No