

Holy Angels Catholic School 2018-2019 School Year Payment Contract

Family Name _____

Address _____

Email: _____ Phone# _____

Student Name & Grade: _____

Student Name & Grade: _____

Student Name & Grade: _____

Student Name & Grade: _____

Tuition Rates K – 8

\$6,050.00 Non-Catholic Child

\$4,750.00 One Catholic Child

\$8,450.00 Two Catholic Children

\$11,350.00 Three Catholic Children

****Additional Fees***

Technology fee *per student* \$50.00

Administrative fee *per family* \$100.00

Tuition Assistance _____

Total Due _____

Pre-K

\$5,900.00 5 Full Days

\$3,700.00 Full Day Three days a week

\$4,475.00 Half Day Five days a week

\$2,950.00 Half Day Three days a week

****Please note your child is Age 3 or 4***

Age 3 _____ Age 4 _____

____ I agree to pay in full on or before July 1, 2018. (Anyone paying on or before July 1, 2018 will receive a \$100.00 deduction per child)

____ I agree to pay based on the FACTS Tuition Agreement.

Parish _____

Name (Print) _____ Signature _____

Date _____