

## 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 \_\_\_\_\_