

Saint Rose Catholic School



61 E. Main Street Girard, OH 44420
Phone: (330) 545 - 1163 Fax: (330) 545 -6187

2017-2018 Family Tuition Agreement

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship to child(ren): _____

Student Name: _____	Ed-Choice _____	Grade: _____
Student Name: _____	Ed-Choice _____	Grade: _____
Student Name: _____	Ed-Choice _____	Grade: _____
Student Name: _____	Ed-Choice _____	Grade: _____
Student Name: _____	Ed-Choice _____	Grade: _____

Our family understands that our relationship with **St. Rose School** is contractual and contingent upon our adherence to the philosophy, policies and procedures of the School. I have received a copy of the School's Parent Handbook that contains the School's philosophy, policies, and procedures and I acknowledge and agree that adherence to the School's philosophy, policies, and procedures are an express condition for admission and continued enrollment by the student. I understand that this agreement is for the **2017-2018** school year, and continued attendance at **St. Rose School** will be determined annually.

Parent Signature _____

Re-registration Fee: \$50.00 per family (nonrefundable)
(required by all returning families, including Ed-Choice) Paid: _____ Check#: _____
(Please make checks payable to St. Rose School)

Kindergarten Registration: \$50.00 (nonrefundable) Paid: _____ Check #: _____

General Fee: \$100.00 per family (must be paid by September 29, 2017)
(required by all returning families, including Ed-Choice) Paid: _____ Check#: _____
(Please make checks payable to St. Rose School)

2017-2018 TUITION: Required Information

Name of Parish: _____ required Verification form returned is attached
to this form

Parishioner Rate: _____ 1 Child- \$2,950.00 _____ 2 Children- \$5,150.00 _____ 3 or more children-\$7,000.00

Non-Parishioner Rate: \$4,600.00 per child

Saint Rose Catholic School



61 E. Main Street Girard, OH 44420
Phone: (330) 545 - 1163 Fax: (330) 545 -6187

Tuition and Payment Options

Please check which applies (If more than one applies to your method of payment)

- Ed-Choice** Renewal sent in to school office.
- Monthly** First payment due July 14, 2017. Tuition will be divided into 11 equal payments no interest. (Late fee of \$25.00 per month if not paid by due date will be enforced)
- Quarterly** First payment due July 14, 2017. Tuition will be divided into 4 equal payments no interest. (Late fee of \$50.00 per late payment will be enforced)
- Annual** Full tuition payment due by August 23, 2017.
If paid in full by due date the \$100 general fee will be waived.

I, _____, understand that it is my obligation, as parent/guardian, to pay the charges for tuition, student fee, and other school fees for the full academic year is unconditional and that no portion of such charges so paid or outstanding will be refunded or canceled notwithstanding the subsequent absence, withdrawal or dismissal for **St. Rose School** of the student. It is understood that enrollment may be canceled in writing, without penalty (except registration fee) prior to August 1st, parents or guardians financially responsible for the student are obligated to pay the full tuition, student fee, and any other fee incurred for services for the full year. In extreme circumstances, the school may in its sole discretion, adjust the parent's or guardian's liability for tuition and fees for the full academic year.

Parent's signature: _____ Date: _____

Please return this form by March 24, 2017

***** Every family must return this form and their Parish Verification form to be OFFICIALLY REGISTERED for the 2017- 2018 school year. *****

Saint Rose School
Committed to Excellence in Catholic Education
61 East Main Street
Girard, Ohio 444420
330-545-1163 fax 330-545-6187
Pastor verification of membership form

I, _____

Pastor of _____

Verify that (Parent or Guardian Names) _____
are/is a parish members(s) and contributes regularly.

Pastor Signature _____ Date _____

Please Read:

PARENTS:

Please be aware that you are paying less than 50% of the total tuition cost. The balance of the total amount to educate your child at St. Rose School is assumed by your Parish.

**** To receive the Parish Subsidy or Parishioner Rate you MUST BE considered an active member of your Parish. An Active Member is one who attends Mass on a regular basis, contributes regularly to their Parish by using your contribution envelopes and also supports the Parish with their time and talent.**

This form must be completed and returned no later than March 24, 2017 in order for your child to receive the **Parishioner discounted rate for the 2017-2018 school year.**