



**Saint Vincent de Paul Parish School
Student Tuition Contract
2017-2018 School Year**

I understand that I am entering into a contractual agreement with Saint Vincent de Paul Parish School, and that I am obligated to pay the full tuition & fee amount set forth in my tuition statement for my child/children. I also understand that if I fail to pay my tuition and fees in full by the last day of the school year that I am responsible for all collection fees, attorney fees, and court costs incurred by the school in order to collect the balance of my tuition amount.

Please initial one of the following options:

_____ **I request the Tuition Assurance Policy in the amount of \$200 per enrolled student.** I understand that if I withdraw my child/children from Saint Vincent School after May 26, 2017, I will not have to pay the remaining balance of tuition for my child/children for the 2017-2018 school year. I also understand that by initialing this option, the \$200 Tuition Assurance Fee will be withdrawn from my account on June 5th, 2017 or attached you will find my check in the amount of \$200 per enrolled student. If a student with the Tuition Assurance Policy transfers to another Catholic school in the Diocese of Salt Lake on or BEFORE August 1, 2017, the family will receive a refund of all fees paid except the \$200 Tuition Assurance fee and the \$50 registration fee.

_____ **I decline the Tuition Assurance Policy.** I understand that I am obligated to pay my child/children's tuition in full if I withdraw my child/children from Saint Vincent School prior to the last day of the 2017-2018 school year. All fees are non-refundable.

Parents/Guardians that do not sign their Student Tuition and Parent Scrip Contracts by May 26th will be required to pay a \$200 late fee. This only applies to the families of existing students.

It is understood by the undersigned parent(s) and/or guardian(s) that this is a legally binding agreement. Parents and/or guardians consent to pay in a timely manner. It is understood that non-payment or late payment of tuition and fees will result in one or more of the following consequences:

1. Up to a \$50 per month late fee; and/or
2. Student's dismissal from school.

By signing this contract, you agree to pay all penalty-related costs, collection expenses, attorney fees, and court costs incurred by the school if collection of tuition is needed.

Father/Guardian Signature Date

Mother/Guardian Signature Date

Family Name

Saint Vincent de Paul Parish School

DIRECT TUITION WITHDRAWAL AUTHORIZATION FORM

Please complete form and ATTACH A VOIDED CHECK. (DO NOT attach a deposit slip)

New Student(s) 2017/18

Use the same Account as Last Year

Changes in Prior Year Account Information

Payment of Tuition in Full by July 31, 2017

Name (as shown on bank account)

Address

City

State

Zip

Home Phone

Daytime Phone

Email Address

Student Name/Grade

Student Name/Grade

Student Name/Grade

Student Name/Grade

Checking _____

Savings _____

Financial Institution

Transit Routing Number (9 digit bank #)

Bank Account Number

I authorize Saint Vincent de Paul School to automatically deduct my monthly **School Tuition Payments** from the above referenced account. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford Saint Vincent de Paul School a reasonable opportunity to act on it (*minimum of 7 business days' notice prior to effective date*). I understand that it is my responsibility to notify Saint Vincent de Paul School of any change in student(s) enrollment. I understand that Saint Vincent de Paul School reserves the right to terminate this service at any time.

Signature (required for validation)

_____/_____/_____
Date

Terms of service: Debits will be made on the 5th business day of each month, beginning August and ending May of each school year the student(s) is enrolled unless that day falls on a weekend or other bank holiday. In the event that the 5th falls on a non-banking day, the debit will be processed on the next available business day. Saint Vincent de Paul School is not responsible for bank account charges, NSF or other bank fees, or overdrafts caused by automatic transactions. Saint Vincent de Paul School will assess a **\$25.00 NSF FEE** on all transactions returned for non-sufficient funds.

**SCRIP MONTHLY STANDING ORDER
Notification and Withdrawal Authorization Form**

One way to conveniently purchase SCRIP is to set up a monthly standing order. If you would like this option please do the following:

- 1) Choose the amount (**a minimum of \$250**) you wish to order below.
- 2) Choose a grocery store or if you wish to choose another retailer from the list of scrip providers, indicate below.
- 3) Complete the Scrip Standing Order Withdrawal Authorization Form indicating the bank account you wish us to use on the back of this page.

Choose one of the following:

- I wish to automatically order my monthly Scrip purchase in the amount of **\$250**.
- I wish to automatically order my monthly Scrip purchase in the amount of \$_____ (if more than the **\$250** minimum)

I understand that the funds will be withdrawn from my account on the 15th of each month from August through May and that I will receive my SCRIP cards on the **5th business day following the 15th withdrawal.**

Choose from the following stores and indicate the amount of each:

- Harmon's \$ _____
- Sam's Club/Walmart \$ _____
- Sprouts \$ _____
- Target \$ _____
- Western Family \$ _____
(Includes Dan's, Fresh Market,
Macey's, Reams, and Davis Jubilee)
- Other: _____ \$ _____

Total Amount \$ _____

If payment for your monthly standing order is returned for insufficient funds, there will be a \$25 NSF fee assessed.

SCRIP

Saint Vincent de Paul Parish School
DIRECT SCRIP PARENT PARTICIPATION PROGRAM
STANDING ORDER WITHDRAWAL AUTHORIZATION FORM

SCRIP

(Submit only if new account. This form need not be completed if account information is the same as last year.)

Please complete form and ATTACH A VOIDED CHECK. (DO NOT attach a deposit slip)

- New Student(s) 2017/18**
- Changes in Prior Year Account**
- Use the same Account as last year**

Name (as shown on bank account)

Address City

State Zip Home Phone Daytime Phone

Student Name/Grade Student Name/Grade

Student Name/Grade Student Name/Grade

Financial Institution Checking _____ Savings _____

Transit Routing Number (9 digit bank #)

Bank Account Number

I authorize Saint Vincent de Paul School to automatically deduct my monthly **Scrip charges** from the above-referenced account. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford Saint Vincent de Paul School a reasonable opportunity to act on it (*minimum of 7 business days' notice prior to effective date*). I understand that it is my responsibility to notify Saint Vincent de Paul School of any change in student(s) enrollment. I understand that Saint Vincent de Paul School reserves the right to terminate this service at any time.

Signature (required for validation) / /
Date

Terms of service: Debits will be made on the 15th business day of each month, beginning August and ending May of each school year the student(s) is enrolled unless that day falls on a weekend or other bank holiday. In the event that the 15th falls on a non-banking day, the debit will be processed on the next available business day. Saint Vincent de Paul School is not responsible for bank account charges, NSF or other bank fees, or overdrafts caused by automatic transactions. Saint Vincent de Paul School will assess a **\$25.00 NSF FEE** on all transactions returned for insufficient funds.