

ST. JAMES LUTHERAN SCHOOL PAYMENT AGREEMENT

FAMILY NAME: _____

STUDENT NAME(S): _____

RESPONSIBLE PARTY NAME: _____

PHONE NUMBER: _____

BALANCE DUE: \$ _____

PAYMENT PLAN: \$ _____ WEEKLY ___ MONTHLY ___ OTHER ___

OTHER PLAN: _____

It is St. James' desire that all families and students who wish to attend this school be able to do so regardless of financial situations. Therefore, financial assistance is available to any and all students. This agreement is one form of that assistance.

I hereby agree to this payment agreement schedule for tuition at St. James Lutheran School and/or Childcare until my account balance is paid in full. My failure to make payments without notification may result in further collection action.

For those with Childcare payments: I agree that if my payment for childcare is not made, my child will not be able to attend until payment is made per the childcare handbook.

Responsible Party Signature: _____

Date: _____

Administration Signature: _____

Date: _____

