2017-2018
PARISHIONER
ST. STANISLAUS SCHOOL

For office use only: Reg. Fee Pd._____
Church support, Pd. In full_____, owed_____

PARISHIONER TUITION AGREEMENT

FATHER'S NAME_____Address_____City_____Zip____
First Last
MOTHER'S NAME_____Address_____City_____Zip_____
First Last
Name of person(s) responsible for tuition payments_____

Address_____City_____Zip____Telephone_____

First and last name of Child/children and Grade(s) (as of September 2017)

l._____ Grade_____ Parent's Religion_____
2._____Grade_____
3._____Grade_____ Child's/Children's Religion_____
4._____Grade_____

Student lives with:
__Mother & Father __Mother __Father __Mother & Stepfather __Father & Stepmother Other:_____

We would like to apply for Financial Aid. _____ No _____Yes – we understand the FACTS Application must be filed in order to be considered.

Total Annual Tuition $_____ 10 Monthly Payments of $_____

YEARLY FEES: Family Registration Fee $100.00 before March 31st. $125.00 April 1st or later.
Workbook & Materials Fee due by September 30th.
One child $100.00. Second child $100.00. Third child $50.00

As the parent(s) or legal guardian(s) of our child(ren), students at St. Stanislaus School, I (we) agree to pay the annual tuition cost for our child(ren) as noted above. Payment is understood and agreed to be paid, either in full prior to July 15, 2017 with a 1% discount, or in ten (l0) equal monthly installments beginning July 15, 2017 and ending with the final payment due no later than April 15, 2018.

I (We) understand that there is a $l0.00 per month late charge if tuition is not paid by the 15th of the month. Further, I (we) understand that there is a $25.00 fee charged for every check returned by the bank for insufficient funds.

I (We) acknowledge that if I (we) fail to follow the installment schedule as stated in the St. Stanislaus School Handbook, the school may refuse attendance of my child(ren).

I (We) understand that there is an annual $100.00 per child Workbooks and Materials Fee. I (We) understand that payment of this fee must be made between May 2017 and September 30, 2017.

I (We) realize that if the entire tuition balance is not paid in full by the end of the current school year, the account will be sent to a collection agency and legal action will be taken. I (We) will be responsible for any fees or costs incurred in this process.

I (We) agree to all policies and regulations as so defined in the St. Stanislaus School Handbook.

I (We) understand that our child's/children's photographs or work may be used in school publications or news items.

Parent(s) or Guardian(s) Signature(s)_____ Date_____

_____ Date_____

534 FRONT STREET, CHICOPEE, MASSACHUSETTS 01013-3110
telephone (413) 592-5135 * fax (413) 598-0187 * e-mail ststanis@st.stanislaus. mec.edu * website st.stanislaus.mec.edu