

**Cedar Catholic Jr.-Sr. High School
Tuition Contract & Payment Plan
2023-2024 School Year**

Billing Information

Parent(s)/Guardian(s): _____

First Name(s)

Last Name

Mailing Address: _____

Street or P.O. Box

City

State

Zip

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parish: _____ in _____

Name of Parish

City

State

Student Information

Name (First & Last)

Grade

- | | | |
|----|-------|-------|
| 1) | _____ | _____ |
| 2) | _____ | _____ |
| 3) | _____ | _____ |
| 4) | _____ | _____ |

Tuition Contract

This contract signed is a *promise to pay*. You understand that, as the parent(s)/guardian(s) of the students listed above, you are committing to pay all tuition expenses now due or due in the future according to the tuition payment plan designated for the year each student of yours attended Cedar Catholic Jr./Sr. High School. You understand that procedures have been put in place to collect tuition that is past due. You also understand that Cedar Catholic and its representative may use their rights of collection under state and federal laws, including small claims court, credit collection agencies, and any other means as is required to collect any and all past due tuition. You also understand that the school has the right to hold any student's transcript until tuition is paid in full.

Prior to signing this contract, we/I have read and understood the provisions and the notices forth written. We/I agree to the terms of this Cedar Catholic Jr./Sr. High School Tuition Contract.

Signature(s) of Person(s) Responsible for Tuition

Printed Name(s)

Date

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Due: June 15, 2023

2023-2024 Tuition Contract

Cost of Education & Tuition

The estimated cost of education this year is approximately \$9,949.00 per child. You will notice that the tuition passed on to you is **significantly** lower than the actual cost. School fundraising and parish subsidization account for over 50% of the total cost to educate each child. Thank you for the sacrifices you make so as to pay your tuition in a timely manner.

Cost/Student	\$9,949.00	Cost/Student	\$9,949.00
Subsidies	\$3,004.00	Subsidies	\$3,004.00
Development	\$2,095.00	Development	\$2,095.00
Other Income	\$2,000.00	Other Income	\$1,370.00
Jr. High Tuition	\$2,850.00	High School Tuition	\$3,480.00

Other Income includes:

Endowment Income, Memorial Income, and Activity Gate Receipts

	Junior High	Our Commitment	High School	Our Commitment
First Child -	\$2850 - \$9949	_____	\$3480 - \$9949	_____
Second Child -	\$2850 - \$9949	_____	\$3480 - \$9949	_____
Third Child -	\$2850 - \$9949	_____	\$3480 - \$9949	_____

Choose a Payment Option -

<input type="checkbox"/>	One Annual Payment Payment is due by: <u>April 15, 2024</u> or unless specified here - _____
<input type="checkbox"/>	Two Payments Payment is due by the beginning of each semester: <u>August 17, 2023</u> and <u>January 4, 2024</u> .
<input type="checkbox"/>	Ten Monthly Payments (may use Automatic Withdrawal Option - form below) Payment is due on the 1st or the 15th of each month, beginning on <u>August 1 or 15, 2023</u> and ending on <u>May 1 or 15, 2024</u> .
<input type="checkbox"/>	Twelve Monthly Payments (Automatic Withdrawal ONLY - form below) Payment is due on the 1st or the 15th of each month, beginning on <u>July 1 or 15, 2023</u> and ending on <u>June 1 or 15, 2024</u> .
<input type="checkbox"/>	Other Payment Plan Special payment plan must be worked out with the Business Manager when you return this form.

***Credit Card payments will be accepted for a 3% fee

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

Company Name: Cedar Catholic High School

Company ID: School Tuition Payments

I (we) hereby authorize **Cedar Catholic High School** to initiate **monthly** debit entries from my (our) checking account indicated below at the bank named below:

Bank Name _____ City _____ State _____ Zip _____

Routing # _____ Account # _____ Amount \$ _____

Day of the month to debit account: (Circle One) 1st or 15th

_____ **12 Month Payment Option:** Starting Month – **July** Ending Month – **June**

_____ **10 Month Payment Option:** Starting Month – **August** Ending Month – **May**

This authority is to remain in full force and effect until **Cedar Catholic High School** and Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Cedar Catholic High School** and Bank a reasonable opportunity to act on it.

Please attach a copy of a voided check/deposit slip to this form.

Name _____ Signature _____ Date _____