

PHONE 352-588-3041

PLEASE PRINT IN INK OR TYPE	
STUDENT NAME: _____	GRADE: _____
STUDENT NAME: _____	GRADE: _____
STUDENT NAME: _____	GRADE: _____
STUDENT NAME: _____	GRADE: _____

PARENT OR GUARDIAN NAME: _____		
STREET ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____	CELL: _____	
BUSINESS PHONE: _____		

		NON-REFUNDABLE FEES		
REGISTRATION		FACTS (FEES PAID THROUGH FACTS)		
<input type="checkbox"/>	\$450.00	<input type="checkbox"/>	\$36.00	ANNUAL FEE PER FAMILY (QUARTERLY/MONTHLY PAYMENTS)
	ANNUAL FEE (PER CHILD) DUE AT TIME OF REGISTRATION			
<input type="checkbox"/>	\$50.00	<input type="checkbox"/>	\$10.00	SEMI-ANNUAL
	NEW STUDENT FEE (PER CHILD)			

TUITION		
FULL TUITION	\$5,685.00 PER CHILD	
CATHOLIC AFFILIATION SCHOLARSHIP	\$4,925.00 PER CHILD	Pastoral Approval form must be received before tuition is discounted.

PAYMENT PLAN-CHECK ONE	
PAYABLE VIA FACTS <input type="checkbox"/> IN FULL BY AUGUST 1ST, 2017 <input type="checkbox"/> SEMI-ANNUAL (AUGUST & DECEMBER) <input type="checkbox"/> QUARTERLY (JULY, OCTOBER, JANUARY & APRIL) <input type="checkbox"/> TEN MONTHLY PAYMENTS (AUGUST THROUGH MAY) <input type="checkbox"/> TWELVE MONTHLY PAYMENTS (JULY THROUGH JUNE)	SCHOOL CHOICE SCHOLARSHIP PARTICIPANT <input type="checkbox"/> MCKAY SCHOLARSHIP-QUARTERLY <input type="checkbox"/> STEP-UP FOR STUDENT SCHOLARSHIP-QUARTERLY <input type="checkbox"/> AAA Scholarship-Quarterly <i>I will endorse my student(s) scholarship warrant or check to St. Anthony School as required by section 1002.39(8)(d) of the Florida Statutes</i>
Tuition must be paid by automatic deductions through your bank when choosing the monthly or quarterly payment plans	

DELINQUENT ACCOUNTS
 DELINQUENT ACCOUNTS MUST BE PAID IN FULL BY THE LAST DAY OF SCHOOL OR STUDENT WILL RECEIVE AN INCOMPLETE FOR THE YEAR

I/We will support the activities of the school and will commit to the \$500 Campus Fee per family plus a minimum of 10 services hours or an additional \$150. I/We have read and agree to the financial conditons above. In case of shared custody, both parents must sign this form.

Parent Signature _____	Date: _____
Shared Custody Parent Signature _____	Date: _____

FOR OFFICE USE	FEE PAID DATE _____	AMOUNT _____
	FEE PAID DATE _____	AMOUNT _____