

Saint Anthony Interparochial Catholic School
Student Payment Form
FOR 2011-2012

32902 Saint Anthony Way
P.O. Box 847

Phone 352-588-3041 Fax 352-588-3142 San Antonio, FL 33576

PLEASE PRINT OR TYPE	STUDENT NAME _____ Grade _____
	STUDENT NAME _____ Grade _____
	STUDENT NAME _____ Grade _____

NAME OF PERSON RESPONSIBLE FOR TUITION PAYMENTS _____ Driver's Lic. #: _____

STREET	CITY	STATE	ZIP
HOME PHONE	BUSINESS PH	CELL PHONE:	

REGISTRATION FEE INFORMATION	(NON-REFUNDABLE)
<input type="checkbox"/> \$400.00 ANNUAL FEE (Per Child) <input type="checkbox"/> \$ 50.00 NEW STUDENT FEE (Per Child) An additional fee will be assessed for students who participate in after school activities (i.e. sports, clubs, etc.)	

TUITION INFORMATION	
Interparochial Parish Rate *	\$4,075 (1 CHILD) \$8,050 (2 CHILDREN) \$12,025 (3 CHILDREN) \$16,000 (4 CHILDREN)
Full Tuition	\$4,875 (1 CHILD) \$9,650 (2 CHILDREN) \$14,425 (3 CHILDREN) \$19,200 (4 CHILDREN)
Other Parishes	Full tuition minus subsidy agreed by Pastor
* Subsidy verification form must be received before tuition is discounted.	

PAYMENT PLAN - CHECK ONE
PAYABLE TO SAS <input type="checkbox"/> PAYMENTS IN FULL/SEMI-ANNUAL - DUE BY AUGUST 1 (Paying in full, you may deduct \$100) <input type="checkbox"/> QUARTERLY - DUE JULY, OCTOBER, JANUARY, APRIL <input type="checkbox"/> TEN MONTHLY PAYMENTS (AUGUST-MAY) <input type="checkbox"/> TWELVE MONTHLY PAYMENTS (JULY-JUNE)

PAYMENT CONDITIONS
1. A STUDENT WHOSE TUITION ACCOUNT IS IN ARREARS AT THE CONCLUSION OF THE FOURTH QUARTER MUST PAY THE BALANCE . IN FULL BEFORE REPORT CARD IS MAILED. 2. PLEASE NOTE THAT ALL FORMS, FEES, AND RECORDS MUST BE IN ORDER BEFORE REGISTRATION WILL BE PROCESSED.

I/We promise to know the policies, philosophy, rules, and regulations of Saint Anthony Catholic School and to see that my son/daughter abides by them. I/We will support the activities of the School and will commit to **\$500.00** fund-raising per family or provide the monetary equivalent. I/We have read and agree to the financial conditions above. In cases of joint/shared custody, both parents must sign. (Use ink please)

Name _____ Signature _____ Date _____

Shared Custodial Name _____ Signature _____ Date _____

FOR OFFICE USE FEE PAID ___/___/___ AMOUNT _____