PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

STREET ADDRESS

APT NO.

CITY

STATE

ZIP CODE

MOBILE TELEPHONE NUMBER - -

HOME TELEPHONE NUMBER - -

PRIMARY EMAIL ADDRESS

SECONDARY EMAIL ADDRESS

FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

LAST NAME OF ADDITIONAL AUTHORIZED PARTY

SELECT A PAYMENT METHOD

☐ I authorize SMART TUITION to automatically debit my payments from the below provided account.

I agree to the following automatic payment date: 1 5 Your school only allows this due date

☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

☐ CREDIT CARD CHECK ONE → ☐ Visa ☐ Mastercard ☐ Discover ☐ Other(specify) _____

CARD ACCOUNT NUMBER

EXPIRATION DATE

NAME ON CARD

SELECT A PAYMENT PLAN

☐	PLAN A	9 PAYMENTS	SEP 2022-MAY 2023
☐	PLAN B	2 PAYMENTS	SEP 2022 & JAN 2023
☐	PLAN C	1 PAYMENT	AUG 2022

ST. PAUL MEMBERSHIP

☐ Member parent(s)

Name: _____

☐ Non-member parent(s)

ENTER STUDENT INFORMATION

CHOOSE FROM THE FOLLOWING GRADES: PS, K, 1, 2, 3, 4, 5, 6. 7, 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT	SCHOOL USE ONLY TUITION

PLEASE READ AND SIGN

I agree the information above is true and correct. I agree the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of $40.00 will be assessed to my account. A $30.00 fee will apply for any failed electronic transaction or dishonored check. There is also a fee for using a credit card. I agree to the terms and conditions regarding all school payments as written in the 2022-2023 Parent/Student Handbook.

PRIMARY BILL PAYER _____ DATE _____