

# PAYMENT PROMISE

**This form must be filled out by each family and returned with the registration materials.**

The following policy regarding payment of the relief fee and tuition has been established by the Day School Board to more efficiently address the fiscal responsibilities of St. John School.

With an effective date of July 2, 1991, the relief fee, tuition and milk/juice fees **MUST** be paid on a semester basis.

First semester relief, tuition, and milk/juice fees **MUST** be paid in the St. John School office **prior** to the start of second semester (January 21,2010).

Parents may still choose a payment plan that best fits their individual financial situation, provided that the above-mentioned guidelines are adhered to.

Failure to follow this payment schedule may result in your child/children not being allowed to start the second semester until full payment is made. Failure to pay the remaining balance **BEFORE** the last school day (June 8, 2010) may result in school records and report cards being withheld until full payment is received. Children will not be re-enrolled until all delinquent relief, tuition, and milk/juice fees are paid.

This policy will apply to all children enrolled in Kindergarten through Eighth grade.

## **SCHEDULE OF FEES FOR 2009-2010**

### **MEMBER TUITION (Paid by member families and Trinity families)**

1 full time student	\$860.00
2 full time students	\$1,554.00
3 full time students	\$2,062.00
4 full time students	\$2,295.00
5 full time students	\$2,530.00
6 full time students	\$2,600.00

### **TUITION FEES FOR MEMBERS OF OTHER LCMS CONGREGATIONS**

1 full time student	\$1,269.00
2 full time students	\$2,310.00
3 full time students	\$3,141.00

### **TUTION FEES PAID BY ALL OTHER FAMILIES**

1 full time student	\$1,787.00
2 full time students	\$3,408.00
3 full time students	\$4,695.00

**RELIEF FEE: \$150 PER FAMILY (Member and Non-member)**

**MILK FEES: \$48.00/CHILD**

**JUICE FEES: \$58.00/CHILD**

### **I AGREE TO PAY THE BALANCE OF MY FEES FOR THE 2008-2009 SCHOOL YEAR AS FOLLOWS:**

_____ One payment for the school year due by <b>September 15.</b>	\$ _____
_____ Two payments due by <b>September 15 and January 15.</b>	\$ _____
_____ Four payments due by the 15 <sup>th</sup> of <b>September, November, January and March</b>	\$ _____
_____ Eight payments due by the 15 <sup>th</sup> of <b>September, October, November, December, January, February, March and April</b>	\$ _____

I fully understand the payment policy and understand that after agreeing to one of the above forms of payment, that if my account becomes past due, I will receive a notice. I also understand that failure to make these payments on a semester basis may result in my children being removed from school or records being withheld until full payment is received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_