

**2022-2023 Saint Augustine Catholic School  
Service Request Form**

OSP \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Student's Grade:** \_\_\_\_\_

**Please fill out one (1) Service Request Form for each student. Non-optional services are per checked.**

Fee Description	Cost(Per Student)	Are you requesting this service?	
<b>Tuition – Mandatory Fee</b>	\$ 6,500.00	<input checked="" type="checkbox"/> Yes	
<b>Books/Technology Fee– Mandatory Fee</b>	\$ 350.00	<input checked="" type="checkbox"/> Yes	
<b>Activity Fee - Mandatory Fee</b> Fee includes 2 afterschool activities per semester.	\$ 350.00	<input checked="" type="checkbox"/> Yes	
<b>Before Care</b> From 7:00 AM – 7:50 AM Includes Math Lab –Mon-Fri 1 <sup>st</sup> – 8 <sup>th</sup> Grades	Free - No Charge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>After Care</b> From 3:30 – 6:00 PM *Flat fee of \$30.00 will be charged per child picked up after 6:00 PM. Charges will be added to child's monthly FACTS account. <i>Afternoon snacks and homework assistance Mon-Fri are included at No additional cost in After Care.</i>	\$ 1875.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uniform Fee</b> <b>VCH#</b>	\$250.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Lunch Fee for 10 Months</b>	\$ 900.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Mandatory fee- Flat fee rate will be charged to your FACTS Account to Create new Student profile</u>	\$10.00		
<u>Mandatory Fee – For Kindergarten Graduation</u>	\$ 150.00	<input type="checkbox"/> Yes	
<u>Mandatory Fee – For 8<sup>th</sup> Grade Graduation</u>	\$ 68.00 – HSP Test	<input type="checkbox"/> Yes	
	\$ 250.00 - 8 <sup>th</sup> Grad Fee	<input type="checkbox"/> Yes	
	\$ 330.00 – 8 <sup>th</sup> Grad Trip	<input type="checkbox"/> Yes	
<b>Total</b>	\$		

**All Eighth Grade families must submit their final payment one month prior to the graduation date.**

By signing below, I am aware of the services offered by Saint Augustine Catholic School and associated fees. I am responsible for paying for any overages above my OSP Scholarship Grant of \$9,401.00 that I receive from the school. I am aware that not all fees can be prorated and that I have officially request the start and end date of services and that I may incur fees if I do not follow the proper procedures. I am also required to keep copies of payment records received from the school.

**Name of Parent/Guardian (Please Print):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of School Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_