

SAINT MARY'S ELEMENTARY SCHOOL

Where Students Flourish



TUITION INFORMATION FORM

Please print all information using blue or black ink.

Payer's Name: _____

Payer's Social Security Number: _____ E-mail Address: _____

Relationship to Student(s): ☐ Parent ☐ Guardian ☐ Other

Street Address: _____ Apt.: _____

City/Town: _____ State: _____ Zip: _____

Phone Numbers: _____
Daytime Evening Cell

Student(s) Attending

First Name	Last Name	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Religion/Parish Membership (Choose one)

☐ Registered member of St. Mary's Parish, Manhasset

☐ Catholic member of _____ Parish located in _____

☐ Non-Catholic

Payer's Attestation

I understand and agree to the following terms: I am the primary payer of tuition and fee amounts for the student(s) named above and understand and accept my responsibility to pay all tuition and fee amounts set by the school for the student(s). I understand that my failure to pay amounts due by the date(s) indicated on my bill(s) may result in the assessment of a late fee(s). I also understand that my failure to establish a tuition account on the FACTS system or to have delinquent tuition can result in being denied attendance at Parent-Teacher Conferences and the school's withholding of the student(s) report card(s). If any of the above information changes please notify the school/tuition office immediately.

I also understand that tuition and fee amounts that are unpaid at the time the student(s) graduates from or leaves the school will be forwarded to the attention of a law firm with whom the school has contracted for collection services. **I understand any payments made for deposit or fees are non-refundable.**

Payer's Name (please print) _____

Payer's Signature _____ Date _____

SCHOOL USE ONLY

Registration & Deposit Paid (Y/N): _____ Amount: _____ Check #: _____ Date: _____