

SAINT XAVIER TUITION AGREEMENT

2020-21 ACADEMIC YEAR

(CONTACT INFORMATION)

Student Name _____ STUDENT ID - _____

Parent (Guardian) Name(s) _____

Address _____

Email Address _____

Telephone # (home) _____ (cell) _____

TUITION PAYMENT OPTIONS

Check one of the following tuition options. Tuition and fee statements will be mailed on June 13, 2020.

- Option 1: One payment of \$14,625.00 due July 1, 2020. **
- Option 2: Three equal payments of \$4,945.00 to be paid on July 1, 2020, November 2, 2020 and February 1, 2021. The total tuition under this option is \$14,835.00. **
- Option 3: Ten monthly payments of \$1502.50 each, beginning July 2020 and concluding April 2021. The total tuition under this option is \$15,025.00. Payments under this option must be made through ACH payments coming out of your account on either the 5th or 20th of each month. (Complete the link to the Automatic Tuition Payment Agreement and pay \$50.00 processing fee). **

** Note: The tuition amounts listed above do not include the following:

- \$300.00 iPad technology fee billed each year to all students
- \$40.00 Freshman P.E. uniform fee
- \$150.00 Senior graduation fee

Any financial aid awarded will be deducted from the tuition listed above and billed on June 13, 2020, the balance will be due in accordance with the option chosen.

COLLECTION AND REFUND POLICIES

Tuition is due according to the payment plan selected above. Past due tuition accounts will be assessed a 1% late fee each month. Tuition payments under option 1 or option 2 may be made in cash, personal check payable to Saint Xavier High School and mailed or otherwise delivered to the Business Office, or paid online. Tuition payments made under Option 3 will be automatically deducted on a monthly basis from your checking or savings account. (Please complete the enclosed green Automatic Tuition Payment Agreement).

The school reserves the right to request payment in cash or a certified check when payment is being made on a delinquent account and/or if the school receives a personal check that does not clear the bank. A student with a delinquent tuition account is not entitled to attend classes, sit for semester and final examinations or participate in school related activities. Accordingly, the school cannot issue a report card, transcript or diploma until course work is completed when the delinquent tuition is paid.

Should a student leave St. X for any reason, you will be responsible for tuition according to the following:

- 25% from first day of school through September 30th,
- 50% from October 1st through November 30th,
- 75% from December 1st through January 31st,
- Responsible for 100% of tuition after January 31st.

PARENT/STUDENT AGREEMENT

We (I) understand that, as a private Catholic school, Saint Xavier High School is extending the privilege of its formational and educational programs to our (my) son (ward). In signing this Tuition Agreement, we (I) agree and our (my) son agrees that he will comply with the philosophy, the values, the codes and regulations expected of all students at Saint Xavier High School as found in the Student/Parent Handbook. We (I) further recognize the right of the school to exclude at any time a student whose attitude, behavior or academic performance does not reflect the expectations outlined in the Student/Parent Handbook. We, (I) approve and endorse this Tuition Agreement for our (my) son (ward) and in consideration of his enrollment as a student at Saint Xavier High School, we (I) hereby guarantee to Saint Xavier High School the payment of his tuition and fees and such other expenses as he may incur in his account with the school. We (I) agree to payment of his tuition and fees and such other expenses as he may incur in his account with the school. We (I) agree to pay interest on past due amounts equal to 1% per month or the maximum interest rate permitted by applicable law, whichever is less. If any particular billing is not paid when due, we (I) agree to pay in addition to the foregoing: all collection costs relating to this account if referred for collection, or if suit is brought to collect this account, we (I) agree to pay all court costs and reasonable attorney's fees. We (I) further recognize the right of the school, in accordance with its financial policies as contained in the Student/Parent Handbook and promulgated by the Board of Directors, to exclude our (my) son from classes if his account is not current and to withhold final exams, grade reports, and/or transcripts of a student whose account is not paid.

***IF TUITION IS SHARED, EACH RESPONSIBLE PARTY MUST COMPLETE
A SEPARATE ONLINE ENROLLMENT AGREEMENT***

_____ ***Responsible for _____ % of tuition***
Signature of Parent/Guardian

Billing Address _____

Phone Number _____ Cell _____

_____ ***Responsible for _____ % of tuition***
Signature of Parent/Guardian

Billing Address _____

Phone Number _____ Cell _____



Saint Xavier High School
 1609 Poplar Level Rd
 Louisville, Kentucky 40217
 502-634-2130

AUTOMATIC TUITION PAYMENT AGREEMENT
Complete only if option 3 (10 monthly payments) is chosen.

*****A Non-refundable enrollment payment of \$50.00 must accompany this form. Agreement will not be processed until \$50.00 payment is received. Thank you.**

1. Person(s) Responsible for tuition payment

(MUST be authorized signer on account listed in Section 2)

Name _____
 Address _____
 City/State/Zip _____
 Contact # _____ Cell # _____
 Email _____

Student - _____
 Student ID - _____

2. Payment Method -

*****ATTACH COPY OF VOIDED CHECK *****

Auto Bank Payment
 (ACH)

Checking _____ or Savings _____

Bank Name _____
 Bank Routing # _____
 Account # _____

For checking account, attach a voided check not a deposit slip.
 For savings account, provide correct routing & savings account numbers. Please print legibly.

3. Payment Information

Payment Date Check One

5th _____ or 20th _____ of each month **July – April**

*****Section below will be completed in the business office and a copy returned for your records*****

A \$25.00 NSF returned payment fee will be added to your tuition account for each returned payment.
 Should a payment from the 5th of the month be returned it will be reattempted on the 20th of the same month.
 If payment is returned on the 20th of the month, it will be reattempted on the 5th of the following month.

Total Balance Due _____
 Number of Payments _____
 Amount of each payment _____

Authorization:

Signature required by the person who is an authorized signer on the account listed in Section 2.
 By signing this Agreement, I guarantee that I am an authorized signer on the account provided; I hereby agree to be the Responsible Party. I hereby accept, and agree to be bound by, the terms and conditions contained within this Agreement.

 Signature of the person who is an authorized signer on the account listed in Section 2