

Enrollment Form for 2024-2025 School Year

Complete form for all children by household, who will be attending St. Vincent's School in the fall of 2024. To be eligible for the \$400 Guardian Angel & \$175 Tech Fee Scholarships fees and form must be returned to the school office by Friday, March 31st, 2024.

Student Name(s) and Grade

_____ \$2400.00 - \$400.00 = \$2000.00 _____
_____ \$2400.00 - \$400.00 = \$2000.00 _____
_____ \$2400.00 - \$400.00 = \$2000.00 _____
_____ Total \$ _____

Diocesan Tech Fee: # of K-6 Students ___ x \$265.00 = _____ due March 31st, 2024

Diocesan Technology Fee \$265/child & Good Shepherd Applications Due March 31st, 2024

Your Diocesan Technology Fee of \$265, pays for part of the 2024-2025 Diocesan Technology Fee (\$440) and St Vincent's is paying the remaining \$175.

Good Shepherd Scholarships are awarded to all applying households for their 4th, 5th, etc. students enrolled in a catholic school for the amount of \$1800 each.

- Payment Plan: ___ One time: Full amount due August 5th, 2024
___ Two time: 1/2 amount due August 5th, 2024 & 1/2 January 5th, 2025
___ 10 Monthly Debited the 5th of August 2024 - May 2025
___ 20 Bi-Monthly Debited the 5th and 20th of August 2024 - May 2025

I, _____ dated _____ agree to pay tuition based on the selection above.

Statements: Tuition is billed in full on July 1st for the current school year and is due the fifth of August. Tech Fees paid will be recorded in the July bill. Payments are to be sent to SVDP church office attention to Tausha Dybdal. If tuition cannot be paid in full by the first day of school, monthly or bi-monthly payments will be debited by enrolling in the e-tuition plan found on the back.

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Email _____

Home Phone _____ Cell Phone Father _____
Mother _____

Catholic Parishioner of: _____ Town _____

FOR OFFICE USE ONLY:

Date _____ Amount _____ Cash/Check # _____ E-Tuition Form _____ Revised: 01/16/23

2024-2025 St. Vincent de Paul School E-Tuition Enrollment Form

Family Name _____

_____ **MONTHLY School Tuition Payment \$** _____

Withdrawal will be made on the 5th of each month beginning August 5, 2024, and ending May 5, 2025.

_____ **BI-Monthly School Tuition Payment \$** _____

Withdrawals will be made on the 5th and 20th of each month beginning August 5, 2024 and ending May 20th, 2025.

_____ **MONTHLY PRESCHOOL TUITION Payment \$** _____

Withdrawal will be made on the 5th of each month beginning August 5, 2024, and ending May 5, 2025.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED (ACH) PAYMENTS

I (we) authorize St. Vincent de Paul School & Church to initiate debit entries to my (our) ___checking___savings account (select one) indicated below and the depository financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Checking or Savings Account Transfers

Name of Bank _____

Name on Account _____

9-digit Bank Routing # _____ Bank Account # _____

PLEASE ATTACH A VOIDED CHECK

DISCLOSURES

This authority is to remain in full force and effect until St. Vincent de Paul School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford St. Vincent de Paul School and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by St. Vincent de Paul School & Church prior to receipt of notice of termination.

I (we) further authorize St. Vincent de Paul School & Church to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the Depository to accept and to credit or debit the amount of such entries to my (our) account.

I (we) have the right to stop payment of any entry by notification to Depository prior to the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

X _____ X _____ Dated _____
Signature(s) of Account holder(s)