

## Tuition Agreement

FIRST NAME	LAST NAME (IF DIFFERENT)	GRADE
	,	
ENT PLAN OPTIONS		
e indicate choice		
Payment in FULL Payment may be ma	nde by check (check made payable to 'Nativity of M nugh FACTS (2.5% fee). Due by Monday, August er.	

## **TUITION POLICY**

If a student's tuition is in arrears more than two months at any time during the school year, the student may be placed on 'tuition hold', or be asked to withdraw from school until the amount in arrears has been paid. Exception may be made if both the parent/guardian and the school have agreed upon a written deferred plan of payment. It is the parent/guardians's responsibility to initiate this request in due time without reminder or notification from the school.

Deferred plans will be approved only in those instances where a genuine need is evident and income will be definitely available at a known time later in the school year to meet the tuition obligation.

Tuition and fees will be prorate, for each month of enrollment and refunds will be made for overpayments of tuition in whole month increments. There will be no refund of a partial month of attendance.

## **LATE FEES**

All tuition accounts must either be paid in full or an approved payment plan must be in place by Monday, August 2, 2021 (or upon receipt of bill if after). A \$75 late fee will be assessed for tuition accounts not finalized by August 2, 2021 (or upon receipt of bill if after).

## **SIGNATURES OF RESPONSIBLE PARTY**

We understand that by signing this agreement for the coming academic year, we agree to accept the Tuition Policy & Late Fee information detailed above. This agreement shall be interpreted in accordance with the laws of the State of New York. If more than one person signs, each is jointly and severally liable for the amounts due under this agreement. (One payer per household. In the event of two payers, please specify percentage.)

1			
	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
		STREET / CITY / STATE / ZIE	
		E-MAIL	
			%
	PHONE		RESPONSIBILITY FOR TUITION
	SIGNATURE		DATE
2			
	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
		STREET / CITY / STATE / ZIE	
_		E-MAIL	
			%
	PHONE		RESPONSIBILITY FOR TUITION
	SIGNA	ГURE	DATE

This form will be on file at the Rectory/Business Office after your registration is processed. Changes can only be made through the Rectory/Business Office by calling  $(716)\,632$ -8838. Please keep a copy for your records.