



SMART TUITION
FINANCIAL SOLUTIONS FOR SCHOOLS AND PARENTS™

St. Peter's Catholic School
70 Ladys Island Dr
BEAUFORT, SC 29907



0400165

1. Family Information (required) *PLEASE PRINT IN CAPITAL LETTERS*****

FIRST NAME LAST (FAMILY) NAME

STREET ADDRESS

CITY STATE ZIP CODE

HOME / MAIN TEL. # SECONDARY TEL #

E-MAIL

2. Please Select One Payment Option

I WILL MAIL MY PAYMENTS EACH MONTH. THEY WILL BE RECEIVED BY THE th

AUTOMATIC MONTHLY DEBIT OPTIONS BELOW

Choose from: 10

Please write the numeric day of the month your account should be debited:

Example:

I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY BANK ACCOUNT

Name on Bank Account

Nine Digit Routing Number

Bank Account Number

Checking Savings

I WANT YOU TO TRANSFER PAYMENTS MONTHLY FROM MY CREDIT CARD (Additional Fees Apply*)

CC Account #

Expiration Date: MM / YY

/

Card Type (Select One)

AMEX DISCOVER MASTERCARD

* Credit / Debit Card Fees (will be billed additionally)
Discover / Mastercard 2.25% + 10 cents
Amex 2.85% + 15 cents

3. Payment Plan (Please select a plan - REQUIRED)

Plan Type Months

10 Month Aug 2007 - May 2008

Type Code (for School Use)



4. Student Information (required) *PLEASE PRINT IN CAPITAL LETTERS******

Use (PK,K,1,2,3,4,5,6,7,8,9,10,11,12) for grade

FOR SCHOOL USE ONLY

GRADE	FIRST NAME (CAPITAL LETTERS PLEASE)	LAST NAME (IF DIFFERENT THAN PARENT'S NAME)	STUDENT TUITION	
S1 <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
S2 <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
S3 <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
S4 <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

STANDARD SMART TUITION FEE AND LATE POLICY

I agree to pay the amount established by my school for the above students and realize that if I fail to make payments by the specified due dates, the inaction will result in late charges established by my school. I understand that Smart Tuition may contact me via email and telephone call when payments are not on time and charge a late fee of \$0.00 in addition to a follow up fee of \$20.00

TUITION	\$ <input type="text"/>	<input type="text"/>
FEES	\$ <input type="text"/>	<input type="text"/>
DISCOUNTS	\$ <input type="text"/>	<input type="text"/>
DUE TO SCHOOL	\$ <input type="text"/>	<input type="text"/>

Signature

Date Signed

PLEASE RETURN THIS FORM TO YOUR SCHOOL IMMEDIATELY... THE FOLLOWING SECTION IS FOR SCHOOL USE ONLY

FAMILY

Tuition Asst. .