



**ELIZABETH SETON HIGH SCHOOL
2015-2016 ACADEMIC YEAR**

FINANCIAL OBLIGATIONS COMMITMENT FORM

Name of Student: _____ Student ID#: _____

Name of Person Responsible for Billing (please print legibly): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: Cell Phone _____ Work Phone _____

Secondary Contact: Cell Phone _____ Work Phone _____

Type of Tuition Plan Preferred: (Check One)

- ☐ One Payment One Payment \$12,750.00 – Total by JULY 1.
- ☐ Two Payments Two Payments of \$6,375.00 – First Payment paid by JULY 1, Second Payment paid JANUARY 1.
- ☐ Ten Payments Ten Payments of \$1,275.00 – Ten equal payments are paid through FACTS MANAGEMENT, JUNE Through APRIL (excluding AUGUST) FIRST payment is due JUNE 5 or JUNE 20.

Returning Student Registration Fee: \$150 (NON-REFUNDABLE)
New Student Registration Fee: \$310.00 (NON-REFUNDABLE)
Graduation Fee: The above student is a member of the Class of 2016. Enclosed is \$200.00 Graduation Fee.
Technology Fee (Freshmen Only): \$380 (NON-REFUNDABLE)

Family Discount:

To receive the family discount described in the attached Financial Obligation Sheet, please list any sisters that will be attending Seton next year:

Name: _____ SID# _____

Name: _____ SID# _____

COMMITMENT OF PARTY RESPONSIBLE FOR TUITION:

- I have read the accompanying pamphlet, and I understand and accept my financial obligation to Elizabeth Seton High School.
- I agree to abide by the dates listed in the obligation and commitment form.
- I understand that I am responsible for enrolling in FACTS Tuition Management and remaining in the FACTS program for the entire year if I am paying on the ten month plan.
- I understand that each time FACTS attempts unsuccessfully to withdraw payment for tuition, there is a \$30.00 charge to me, as well as my bank charges.
- I understand that if my daughter's tuition account is more than one month in arrears, my daughter will be sent home until payments become current.
- I understand that if my daughter leaves in the middle of any month, I am responsible for the entire month's payment.

Signature of Party Responsible for payment (legible): _____ Date: _____

Relationship to Student: _____ Phone #: _____

For Office Use Only

Returning Student Registration Fee: _____ Check No. _____ Init. & Date _____

New Student Registration Fee: _____ Check No. _____ Init. & Date _____

Graduation Fee: _____ Check No. _____ Init. & Date _____

(If applicable)