



ELIZABETH SETON HIGH SCHOOL  
2016-2017 ACADEMIC YEAR

OBLIGATION COMMITMENT FORM

Name of Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Name of Person Responsible for Billing: \_\_\_\_\_

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 \$13,300.00 – Total by JULY 1.
- ☐ Two Payments      Two Payments of \$6,650.00 – First Payment paid by JULY 1, Second Payment paid JANUARY 1.
- ☐ Ten Payments      Ten Payments of \$1,330.00 – Ten equal payments are paid through FACTS MANAGEMENT, JUNE Through APRIL (excluding AUGUST) FIRST payment is due JUNE 1.

Returning Students Registration Fee: \$175.00 (NON-REFUNDABLE)

New Student Registration Fee: \$310.00 (NON-REFUNDABLE)

Graduation Fee: The above student is a member of the Class of 2017. Enclosed is \$200.00 Graduation Fee.

Family Discount:

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

Name: \_\_\_\_\_ SID# \_\_\_\_\_

Name: \_\_\_\_\_ SID# \_\_\_\_\_

COMMITMENT OF PARTY RESPONSIBLE FOR TUITION: **PLEASE USE A LEGIBLE SIGNATURE!**

- I have read the accompanying information, 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: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

	For Office Use Only	
Returning Students Registration Fee: _____	Check No. _____	Init. & Date _____
New Student Registration Fee: _____	Check No. _____	Init. & Date _____
Graduation Fee: _____ (If applicable)	Check No. _____	Init. & Date _____