

St. John the Apostle Catholic School

1968-B Sandbridge Road
 Virginia Beach, VA 23456
 Phone: (757) 821-1100 Fax: (757) 821-1047
www.sjavb.org

TUITION CONTRACT – SCHOOL YEAR 2019-2020

Family Name:

Students to Be Enrolled:	Entering Grade:
1.	
2.	
3.	
4.	
5.	
6.	

I (we) acknowledge that prompt payment of tuition is essential for the financial security and efficient operation of St. John the Apostle Catholic School. I (we) acknowledge that I (we) will be obligated to make tuition and fee payments for the Students presently enrolled or seeking admission to St. John the Apostle Catholic School as stated above. No portion of tuition and/or fees, paid or outstanding, will be refunded, forgiven or canceled under any circumstances except as noted below. Upon withdrawal from enrollment at the School, for any reason, the entire year tuition and fees balance shall become immediately due and payable. If Parent/Guardian and Student(s) move their primary residence to outside the geographical boundaries of the Southside Hampton Roads Area (defined herein as the Cities of Virginia Beach, Norfolk, Chesapeake and Portsmouth), the Student(s) may be withdrawn from enrollment without obligation.

I (we) will pay a **Non-Refundable Registration Fee** for each Student.

By enrolling the Student(s) named above, I (we) specifically acknowledge and are bound by the following terms: (Please initial where indicated)

- A. I/We agree that the tuition payments will be made without any offset or setoff, in accordance with the payment schedule checked below. **Please choose ONE** (if one is not selected, the 12 month plan will be used):
- Pay 100% of the tuition by July 1, 2019 through FACTS, cash, check or money order. I/We understand that I/we will receive the discounted rate as noted on the 2019-2020 Tuition Rate Form if tuition is paid no later than July 1, 2019. **I/We understand that I/we will be ineligible for the discount if tuition is paid in full after July 1, 2018 (no exceptions).** _____ (initial)
 - Make two semi-annual installments through FACTS Tuition Management Company (July 2019 and January 2020). _____ (initial)
 - Make 12 monthly installments (July 2019-June 2020) through FACTS Tuition Management Company on your checking, savings or by AMEX/MC/Discover. **A credit card convenience fee is associated with the AMEX/MC/Discover option.** _____(initial)
 - Make 11 monthly installments (please circle: July 2019-May 2020 or August 2019-June 2020) through FACTS Tuition Management Company on your checking, savings, or by

AMEX/MC/Discover. A credit card convenience fee is associated with the AMEX/MC/Discover option. _____(initial)

- e. Make 10 monthly installments (please circle: July 2019-April 2020 or August 2019-May 2020) through FACTS Tuition Management Company on your checking, savings, or by AMEX/MC/Discover. A credit card convenience fee is associated with the AMEX/MC/Discover option. _____(initial)

- B. I/We understand that if tuition payments begin for the 2019-2020 school year in July/August and the parent(s) withdraw student(s) prior to school starting, the first tuition payment will not be refunded, if the moving out of area caveat is not met. _____(initial)

- C. I/We understand that all incidental fees (fees other than tuition) will be paid through FACTS. _____(initial)

- D. I/We understand that the Student(s) will not be permitted to start a new school year if the account balances from the prior year have not been paid. _____(initial)

- E. I/We understand that the Student(s) will not be permitted to start the 2019-2020 school year if the 2019-2020 registration fees have not been paid in full. _____(initial)

- F. I/We understand that the tuition is inclusive of book/technology fees assessed by St. John the Apostle Catholic School and have been rolled into the tuition account and will be part of the payment plan. _____(initial)

- G. I/We understand that the School will maintain a billing account through FACTS Tuition Management. Parents/Guardians may make deposits electronically into the FACTS account, at any time, using credit card or Electronic Funds Transfer (EFT). Parent/Guardian will keep the account balance current in terms of payments for cafeteria, extended care and other expenses that students incur. St. John the Apostle Catholic School will provide Parent/Guardian with an electronic monthly billing statement that will be run through FACTS Tuition Management. _____(initial)

- H. I/We understand that if the billing account for tuition and/or any other fees should become delinquent at any time, the School may dismiss the Student(s) from the school without further notice. All academic records, transcripts and grades (including report cards) are the property of the School and will not be released or transferred while the account is in default. If this account is referred to an attorney or Collection Agency as a result of default by the Parent/Guardian, the Parent/Guardian shall pay all costs of collection including reasonable attorney fees and costs of court. _____(initial)

- I. I/We acknowledge that a delinquent account may result in ineligibility for re-enrollment for the following school year. _____(initial)

- J. I/We agree to accept and cooperate fully with St. John the Apostle Catholic School in matters of rules, regulations and student discipline. The Principal of the School, or his/her designee, reserves the right to discipline the Student when, in the sole discretion of the School, such discipline is in the best interest of the Student or School. The Principal of the School reserves the right to dismiss, suspend, or deny enrollment or re-enrollment to any Student whose progress is unsatisfactory or whose conduct, general attitude, or habitual actions, or those of the Parent/Guardian are contrary to the best interest of the School, in the sole discretion of the School Principal. If the Student is dismissed from the School, the entire year tuition and fees balance shall become immediately due and payable. _____(initial)

- K. I/We acknowledge that tuition rates differ depending on our status as Roman Catholic or non-Roman Catholic. I/We understand that those requesting the Catholic rate must have the Student(s) baptized in the Catholic faith and be registered at their church office in the Tidewater Area. Parishioner status will be reviewed on an annual basis to determine continued eligibility for the Catholic rate. _____(initial)

- L. I/We agree that our family does not maintain any delinquent balances at any other school(s). Any misrepresentation by Parent/Guardian shall be considered a material breach of this Agreement and the contract will be null and void. _____(initial)

This Tuition Contract contains the full and complete agreement of the parties and expressly revokes, rescinds, and supersedes any and all agreements and representations by the parties previously. The terms of this Contract may not be modified, altered or changed unless agreed to by all of the parties in writing and signed by the School Principal and Parent/Guardian.

The provisions of the Contract shall be binding upon the respective executors, administrators and assigns of the parties.

The undersigned have read this Contract and understand the terms thereof, and agree to be bound by the terms and conditions thereof.

Parent/Guardian	Parent/Guardian
Date	Date
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Business Phone: _____
Parish: _____	Parish ID/Envelope# _____
Email: _____	

Business Office Use Only:

Approved By: _____	Date: _____
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ST. JOHN THE APOSTLE CATHOLIC SCHOOL