

**Precious Blood School
2010-11 Tuition Worksheet**

Mr. Joseph Brake, Principal

Fr. Gary E. Kaiser, Pastor

Family Information:

Precious Blood Parishioner: ___yes ___no ___non-Catholic

1st E-mail: _____
(used for tuition statements)

Family Name: _____

2nd E-mail _____

Address: _____

Other _____

City/State: _____ Zip Code: _____

Member of what Parish _____

Phones: (____) _____ - _____ Type: Office / Home / Cell / Other: _____

****If we need to send information to two different people, please give both e-mail addresses and the person's name who will be receiving the notices.**

(____) _____ - _____ Type: Office / Home / Cell / Other: _____

Total Number of Students: _____

Student Information:

Student Fees

Student Name: _____ Grade: _____ \$ 285.00

Student Name: _____ Grade: _____ \$ 285.00

Student Name: _____ Grade: _____ \$ 285.00

Student Name: _____ Grade: _____ \$ 285.00

Registration fees should have been paid when registering your child(ren) and will be applied to the Student Fees. If you have any questions concerning payment of these fees, please call the office.

Totals per fee: \$ _____(1)

Tuition Information:

I WILL BE USING ACH TO MAKE PAYMENTS

Total tuition amount: \$ _____(2)

See next page for the tuition rates for 2010-11 school year. If you choose to use ACH payment plan you will use the discounted rate as either a PB Parishioner, Catholic non-parishioner or Non-Catholic. If you choose ACH, please fill out attached form and be sure to select the frequency of ACH payments you wish to use below.

I would like to make payments of: \$ _____

I will be making payments from: ____/____/____ to ____/____/____

I have checked the payment terms I would like to use for either check or ACH payments:

___ Monthly (1 per month) ___ Bimonthly (every other month) ___ Annually (1 per year)

___ Quarterly (4 per year) ___ Weekly (1 per week)

___ Biweekly (every other week) ___ Semiannually (2 per year) **See ACH form for days and/or months of payments.**

I have included a tuition payment at this time of: \$ _____ Check # _____

Parent/Guardian Signature: _____ Date: ____/____/____

If there are special instructions for tuition statements, please explain on the back side of this form or contact Barb Hopf at the office. Thank you.

ACH forms are available at the Parish/School office also.

Any questions or concerns, please contact Barb Hopf at 482-4461 ext. 117 or e-mail bhopf@evdio.org

-----**FOR OFFICE USE**-----

Fees due less payments/credits:

(1) Student Fees	\$ _____	(+)
(2) Tuition	\$ _____	(+)
Less Scrip Credit	\$ _____	(-)
Less Registration Fees Paid	\$ _____	(-)
Less Tuition Assistance/other Parish assistance	\$ _____	(-)
Less any tuition already paid/overpayments	\$ _____	(-)

Amount still owed for 2010-11 \$ _____

Precious Blood Catholic School

1385 W. 6th Street
 Jasper, IN 47546

Joseph Brake, Principal

Fr. Gary Kaiser, Pastor

Dear Precious Blood Catholic School Family,

The tuition rates for the 2010-2011 school year have been set as follows:

STANDARD RATE	Precious Blood Parishioner	Catholic Non-parishioner	Non-Catholic
1 child	\$1,898	\$3,623	\$4,773
2 children	\$2,450	\$4,715	\$9,085
3 or more children	\$2,737	\$5,290	\$12,075

As an incentive to promote the use of ACH automatic withdrawal, the following discounted rates will be applied if a family registers to automatically deduct tuition payments from a bank account (terms are flexible: weekly, monthly, quarterly, etc.), or if a family pays the entire amount, up-front:

DISCOUNTED RATE	Precious Blood Parishioner	Catholic Non-parishioner	Non-Catholic
1 child	\$1,815	\$3,465	\$4,565
2 children	\$2,343	\$4,510	\$8,690
3 or more children	\$2,618	\$5,060	\$11,550

Please consider these points:

Our wonderful teachers and staff did not receive a raise for the current school year (neither for cost of living nor for years of experience). The tuition increase will defray the cost of giving them a well-deserved raise.

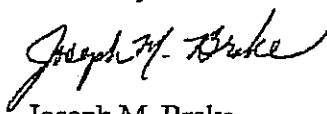
Cost to educate one student at Precious Blood	Tuition for One Student	Precious Blood Parish Support	Percentage of Precious Blood Parish Support
\$5,300	\$1,815 (discounted)	\$3,485	66%

The Precious Blood Parish takes very seriously its support and commitment to its school ministry, paying 66% of the cost to educate our children.

Precious Blood is aggressively augmenting the funds available for **TUITION ASSISTANCE**. This program is available, and applications are available in the parish/school office. **PLEASE CONTACT US IF YOU ARE INTERESTED IN THE TUITION ASSISTANCE PROGRAM.**

God bless you all!

In Christ,



Joseph M. Brake
 Principal, Precious Blood Catholic School

Precious Blood Parish
1385 W. 6th Street
Jasper, IN 47546
812-482-4461

AUTHORIZATION AGREEMENT FOR ACH DIRECT DEBIT OF TUITION

Student(s) Name(s): _____

Account Owner Name(s): _____

Phone Number: _____ E-mail address: _____

I(we) hereby authorize Precious Blood Church to initiate an ACH Direct Debit of the contributions specified below and if necessary credit entries to correct errors from/to my/ (our) _____ CHECKING _____ SAVINGS (Select one account) indicated at the depository name below, hereinafter called *Depository*.

Depository (i.e. Bank) Name: _____

Routing Number: _____ Bank Account Number: _____

Amount of Tuition to be deducted:

- _____ Weekly (every Monday)
- _____ Bi-weekly (every other week on Monday)
- _____ Monthly on the 15th
- _____ Bi-monthly (every other month on the 15th)
- _____ Quarterly (4 per year – 15th of month in June, September, December, March)
- _____ Semi-annually (2 per year – specify dates)
- _____ Annually (1 per year – specify date)

Effective start date: _____

*If we receive notice of insufficient funds, we will try to run the ACH again the day the notice is received. If it does not go through twice, we will call the person listed above who is listed as the owner of the account and expect payment in the form of a check within 5 days for the tuition and any fees incurred.

This authority is to remain in full force and effect until Precious Blood Church has received written notification from member of its modification or termination in such a time and in such manner as to afford Precious Blood Church and Depository a reasonable opportunity to act on request.

Please attach a voided check (or voided deposit ticket for savings account) to this form.

Changes: _____ Change financial institution and /or account number
_____ Change amount of contribution
_____ Cancel participation in the ACH Direct Debit Program
_____ Effective date of change or cancellation

(Signature)

(Date)

(Signature)

(Date)

Fill in your **check account number** and the **bank routing number**, along with the other required information. The routing number is simply a number that identifies your bank. This is the first set of numbers at the bottom of your check. Your account number is the second set of numbers.

Sample check:

Account holder name

Jane Q. Smith
433 NW Glastonbury St.
Portland, Oregon 97209

Check # 1001

Pay to:

Payable

Bank Routing Number Checking Account Number

Ⓜ 184002763 Ⓜ 14570720 Ⓜ 1001

The Routing Number appears between these symbols.

The Account Number appears before this symbol

Bank Routing Number Checking Account Number

Ⓜ 184002763 Ⓜ 3001 14570720 Ⓜ

Check number