EnrollWithSmart.com

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Enroll **SMART**er!

03048140199

PLEASE ENTER FAMILY INFORMATION

2014-2015

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

STREET ADDRESS OR P.O. BOX

APT #

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS (SMART EMAILS REMINDERS FOR UPCOMING PAYMENTS)

SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, web or telephone. I agree to the following payment due date: 1 5

Your school allows the following due dates (choose one):

☐ I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:

Your school allows the following debit dates (choose one): 10,15

PLEASE DEBIT MY: ☐ CHECKING **(PLEASE ATTACH A VOIDED CHECK)** OR ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

PLEASE CHARGE MY: ☐ AMEX ☐ DISCOVER ☐ MASTERCARD

CREDIT CARD NUMBER

EXPIRATION DATE

2.65% convenience fees apply to all credit card payments. Smart Tuition does not accept Visa

SELECT A PAYMENT PLAN

Plan M 10 Payments Jul-Apr

Plan N 10 Payments Aug-May

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK3,PK4,K,1-9

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID:

*OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

☐ **THIS FAMILY IS ENROLLING LATE:**

- ☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
- ☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT IDs

STUDENT 1 TUITION: $

STUDENT 2 TUITION: $

STUDENT 3 TUITION: $

STUDENT 4 TUITION: $

FAMILY TUITION SUBTOTAL $

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, such action will result in a school late fee of $15.00. A $30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE __/__/__

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

ANNUAL TOTAL DUE $

VISITATION ACADEMY INTERPAROCHIAL - 03048

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