



# Sacred Heart Catholic School

540 N. 31<sup>st</sup> St. – Lincoln, NE 68503 – (402) 476-1783

## 2018-2019 Tuition Schedule and Agreement Kindergarten – 8<sup>th</sup> Grades

Revised 3-6-2018

Family Last Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Children's Names	Grade: 2018-19
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

### Tuition & Fee Rates for families Registered in a Supporting Catholic Parish:

\*To qualify for this rate, signed Parish Verification Form must be returned to school office by August 1\*

	One Child	Two Children	Three Children	Four Children	Five Children
Tuition	\$5,900.00	\$11,800.00	\$17,700.00	\$23,600.00	\$29,500.00
Parish Scholarship	<u>\$5,200.00</u>	<u>\$10,610.00</u>	<u>\$16,020.00</u>	<u>\$21,500.00</u>	<u>\$27,050.00</u>
Family Pays	\$700.00	\$1,190.00	\$1,680.00	\$2,100.00	\$2,450.00

### Tuition & Fee Rates for non-Catholic and Catholic families not registered in a Supporting Catholic Parish:

	One Child	Two Children	Three Children	Four Children	Five Children
Tuition	\$5,900.00	\$11,800.00	\$17,700.00	\$23,600.00	\$29,500.00
Parish Scholarship	<u>\$3,950.00</u>	<u>\$7,900.00</u>	<u>\$11,850.00</u>	<u>\$15,800.00</u>	<u>\$19,750.00</u>
Family Pays	\$1,950.00	\$3,900.00	\$5,850.00	\$7,800.00	\$9,750.00

All rates include a \$25.00 per child Catholic Education Fee (paid to the Diocese)

### Payment Plan Options – Select ONE

- \_\_\_\_\_ Plan 1 – Annual Full amount paid by August 15
- \_\_\_\_\_ Plan 2 – Two Payments ½ paid by August 15 and January 15
- \_\_\_\_\_ Plan 3 – Quarterly ¼ paid by August 15, October 15, January 15, and March 15
- \_\_\_\_\_ Plan 4 – Monthly 1/10 paid each month, beginning in August and ending in May

\*A statement with your account balance will be sent at the beginning of each month. Payments may be mailed to the school office or dropped off during school hours. **Payments are due by the 15<sup>th</sup> of each month for the plan you have selected.\***

I agree to pay the designated tuition in full accordance with the option selected above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Date: _____	Amount: _____	Check #: _____	Date: _____	Amount: _____	Check #: _____
Date: _____	Amount: _____	Check #: _____	Date: _____	Amount: _____	Check #: _____
Date: _____	Amount: _____	Check #: _____	Date: _____	Amount: _____	Check #: _____
Date: _____	Amount: _____	Check #: _____	Date: _____	Amount: _____	Check #: _____
Date: _____	Amount: _____	Check #: _____	Date: _____	Amount: _____	Check #: _____