



SAINT FRANCES ACADEMY

2019 – 2020 REGISTRATION FAMILY FINANCIAL STATEMENT

Tuition cost to attend Saint Frances Academy for the 2019-2020 school year is \$ 9,850.00

STUDENT'S NAME: _____

2019-2020 Grade Level: _____

STUDENT FEE SCHEDULE

FRESHMEN/ SOPHOMORES		JUNIORS		SENIORS	
Class Dues	\$150	Class Dues	\$ 300	Class Dues	\$ 400
Academic Resources	\$ 500	Academic Resources	\$ 500	Academic Resources	\$ 500
Activity Fee	\$ 150	Activity Fee	\$ 150	Activity Fee	\$ 150
SMART	\$ 50	SMART	\$ 50	SMART	\$ 50
Total:	\$850	Total:	\$1,000	Total:	\$1,100

***All fees are nonrefundable**

_____ I DO NOT wish to be considered for Financial Aid _____ YES, I wish to be considered for Financial Aid.

Saint Frances Academy has a limited pool of financial aid and it is allocated on a first come, first served basis. To be considered, the payer must submit their federal tax return transcript, for the most recent tax filing year, showing the student as a dependent. Federal Tax Return Transcripts may be obtained by

- 1) downloading them at <https://irs.gov/individuals/get-transcript>,
- 2) calling the IRS automated phone transcript service at (800) 908-9946 (Allow **5 to 10 calendar days for delivery**), or
- 3) by calling to make an appointment at your local federal tax office (<https://apps.irs.gov/app/officeLocator>)

St. Frances Academy uses **SMART TUITION for all tuition and student/class fees.**

The payer understands tuition assistance is contingent on prompt and current payments. Failure to maintain an up-to-date balance will jeopardize the continuation of any remaining tuition assistance for the school year. **NOTE: Any student who leaves after September 6, 2019, for any reason, will be responsible for the tuition through the remainder of the 2019-2020 school year.**

Any student who leaves after the deadline will forfeit all outside aid including BOOST. Complete payment of tuition/fees and repayment of the outside aid must be satisfied before official school records can be released.

PAYER NAME: _____

Relationship to Student: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

email: _____ Mobile: _____

Your signature below acknowledges you understand the terms as stated above.

PAYER SIGNATURE: _____

Date: _____