



SMART TUITION
Financial Solutions for Schools and Parents

St. Charles School-Lumen Christi Catholic
Schools - 12558
7325 Westview Drive
Boardman, OH 44512



1 2 5 5 8 1 7 1 8 0

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER
 LAST NAME OF PARENT/GUARDIAN/BILL PAYER
 *FIRST NAME OF ADDITIONAL AUTHORIZED PARTY
 *LAST NAME OF ADDITIONAL AUTHORIZED PARTY
 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 due date: Your school allows the following due dates: 1, 15

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 due dates: 1, 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 VISA
 CREDIT CARD NUMBER EXPIRATION DATE

A 2.85% convenience fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan A 10 Payments Aug - May
 Plan B 11 Payments Jul - May

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 8

| GRADE | FIRST NAME OF STUDENT | LAST NAME OF STUDENT |
|-------|-----------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

| | | | | | |
|--------------------------------|-------------------|----|--|--|--|
| | STUDENT TUITION 1 | \$ | | | |
| | STUDENT TUITION 2 | \$ | | | |
| | STUDENT TUITION 3 | \$ | | | |
| | STUDENT TUITION 4 | \$ | | | |
| FAMILY TUITION SUBTOTAL | | \$ | | | |

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

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, Smart Tuition may contact me via email and telephone and a late fee of \$40.00 will be assessed to my account. 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 \$