SMART TUITION
Financial Solutions for Schools and Parents

St. Christine School-Lumen Christi Catholic Schools - 12557
3125 S Schenley Avenue
Youngstown, OH 44511

1 2 5 5 7 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

*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 ID

STUDENT TUITION 1 $

STUDENT TUITION 2 $

STUDENT TUITION 3 $

STUDENT TUITION 4 $

FAMILY TUITION SUBTOTAL $

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 $

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 ___/___/___