



1 2 5 5 6 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:

9 DIGIT ROUTING NUMBER  CHECKING (PLEASE ATTACH A VOIDED CHECK) OR  SAVINGS

BANK ACCOUNT NUMBER

PLEASE CHARGE MY:

CREDIT CARD NUMBER  AMEX  DISCOVER  MASTERCARD  VISA

EXPIRATION DATE  /

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

**SELECT A PAYMENT PLAN**

Plan A 10 Payments Aug - May	ENTER PLAN LETTER HERE
Plan B 11 Payments Jul - May	

**ENTER STUDENT INFORMATION**

Choose from the following grades: K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*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	\$	<input type="text"/>
STUDENT TUITION 2	\$	<input type="text"/>
STUDENT TUITION 3	\$	<input type="text"/>
STUDENT TUITION 4	\$	<input type="text"/>
<b>FAMILY TUITION SUBTOTAL</b>	\$	<input type="text"/>

**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** \$