

**Diocese of Dallas**

**Catholic Schools**

School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name of Parents

Names and Grades of Students:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outstanding Financial Balances:

Total Tuition Past Due:

Total Fees Past Due:

Total After School Care Charges Past Due:

Total Other Amounts Past Due–Specify:\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Due**

I understand and agree that (1) I owe the above Outstanding Financial Balances; (2) arrangement for payment of these balances must be approved before my children will be admitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the \_\_\_\_\_\_\_\_\_\_\_\_ school year; (3) an initial good faith payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_ must be made before my children can report to school; (4) I will have to make **both** the agreed payments on these balances in accordance with the specified terms below **AND** all current year tuition and fee payments owed by their respective due dates; and (5) I will not be eligible for tuition assistance unless all payments are made on time as due.

I agree to the following payment plan to clear these remaining outstanding balances:

Weekly (on or before Friday) payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_ , to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semi-monthly (on or before the 15th and 30th) payment of $\_\_\_\_\_\_\_\_\_ , to be completed by \_\_\_\_\_\_\_\_\_\_

Monthly (on or before the 15th) payment of $\_\_\_\_\_\_\_\_\_\_\_\_, to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other payment(s) as described, to be completed by \_\_\_\_\_\_\_\_\_\_. Describe specific amount(s) and due dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above payments will be made via (circle one): FACTS or Directly to School Office.

**If any agreed upon payment above is not made within 24 hours of the specified due date, all students covered under this agreement will be immediately removed from class and required to go home until full payment is made.**

If, for any reason, payment obligations associated with this agreement are not met, this agreement will become void. All outstanding balances will immediately become due. All tuition assistance awards immediately become null and void and all students covered under this payment agreement will not be permitted to attend classes at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until the remaining balance is paid in full. Students will be marked as absent and thus subject to all absentee policies for those classes in which they are not in attendance as a result of this agreement.

Parent’s Signature: Date:

Parent’s Signature: Date:

Principal’s Signature: Date: