



St. Philip's Episcopal School, Uvalde, TX 78801



Enrollment Contract

I/We, _____ hereby enroll the following child(ren) and agree to the terms and conditions outlined below:

Child(ren)'s Name(s)	Grade Enrolled	Annual Tuition
_____	_____	\$ _____
_____ (\$25.00 Discount on tuition)	_____	\$ _____
_____ (\$50.00 Discount on tuition)	_____	\$ _____
_____ (\$75.00 Discount on tuition)	_____	\$ _____

Total Tuition for _____ **\$** _____
School Year

Registration Fee: [\$250.00 per child ~ Non-Refundable]	
<i>I understand that Registration Fees are only refundable if my child does not pass the entrance exam or in the case of an out-of-Uvalde area move before August 1, 2007 _____ (Please Initial)</i>	
Child #1	\$ _____
Child #2	\$ _____
Child #3	\$ _____
Child #4	\$ _____
Total Registration	\$ _____
Testing Fee for entrance exam: [Non-Refundable]	\$ _____
<i>(New students entering 1st—6th grade)</i>	<i>(\$25 x # Children)</i>
FIRST PAYMENT DUE {Registration + Testing Fees (If applicable)}	\$ _____
<i>Receipt # _____ Rec'd by: _____ Paid: _____ / _____ / _____ Principal's Initials: _____</i>	

Financial Information:

Financial responsibility for _____ will be assumed by (if not the child's parents): _____
Child's Name *Relationship*

Name: _____ Mailing Address: _____

Tuition amount: _____ **Please initial the appropriate tuition payment agreement:**
Yearly *Monthly*

I agree to pay tuition between the first and fifteenth of each month for ten months (August – May): _____ *(No late fee in August.)*

I agree to pay tuition by the semester: _____ I agree to pay tuition for the year (in advance): _____

I also understand that a late fee of \$15.00 will be assessed if tuition is not paid by the 15th of each month. _____

Parent/Guardian's Signature: _____ **Date:** _____