

PAYMENT METHODS

Please check one box.

A **CREDIT CARD** See additional information on back page.

- Visa, MasterCard and/or Discover only.
- Convenience (credit card) fee of \$200 applies.
- One payment by July 1, 2010.

B **CHECK**

Choose one of the following:

- One payment by July 1, 2010 (Parent service hours waived).
- Two semi-annual payments.

C **AUTOMATIC DEDUCTION (ACH)** See additional information on back page.

- Deduct from checking or savings account.
- \$35 setup fee applies.

Choose one of the following:

- Four quarterly payments.
- 12 monthly payments.

ADDITIONAL FEES To be billed by AMHS when applicable.

Athletic Fee:

Fee for student participation in each sport. Due at sign-up of each sport.

Football **\$150**

All other sports **\$100**

Musical Fee:

Fee of \$100 per student for participation in stage crew or as a cast member.

Due at sign up of musical **\$100**

Graduation Fee:

Fee of \$200 for graduation for seniors only.

Due by February 1, 2011 **\$200**

Textbooks are to be purchased by each family. More information on textbooks will be made available at a later date.

FUNDRAISING ACTIVITIES

All families who choose **TUITION PLAN 2** or **3** agree to provide:

1. **20** Parent Service Hours per family performed for the school.
2. **\$400** for Auction & SCRIP program per family. Each family is expected to donate or procure new item(s) for the annual auction and/or participate in the SCRIP program to a level that will net AMHS at least \$400. Families will be credited for what their donated auction item actually sells for and the actual commission generated from their SCRIP purchases.

I / We agree to participate in the mandatory fundraising activities sponsored by the school. Families that choose not to fulfill these commitments will be charged **\$200** (\$10 per hour X 20 hours) for parent service hours and **\$400** for the Auction/SCRIP obligation.

MATCHING GIFT COMPANIES

Father's Occupation _____ Employer _____
Matching Gift Company? Yes No

Mother's Occupation _____ Employer _____
Matching Gift Company? Yes No

LATE BALANCES

1. A monthly late fee of **\$35** will be assessed if any payment is not received within 10 days from the payment due date. An NSF fee of **\$35** will be assessed for any check or automatic deduction (ACH) refused by your bank.
2. If tuition or fees are not current at the end of the semester, report cards will not be issued, student's transcripts will not be released and access to PowerSchool will be denied.
3. Students will not be allowed to re-register for the next year if financial obligations have not been maintained.
4. **You will be liable for all expenses incurred, including but not limited to legal fees, court costs and interest if collection procedures are necessary.**

WITHDRAWAL PROCEDURE AND LIABILITY

The school reserves the right to withdraw a student who, in its judgment, is not making satisfactory academic progress or demonstrates behavior which is not in keeping with the school's philosophy. Parent-initiated withdrawal must be in writing. Liability continues until a written withdrawal is received. Whether the parent or school initiates withdrawal of the student, the pro-rated liability for total annual tuition is:

Withdrawal by June 30 th	= Registration Fee Only	October 1 st - January 31 st	= 50%
July 1 st - September 30 th	= 25%	February 1 st - end of school year	= 100%

SIGNATURES

I agree to enroll my child at Archbishop Murphy High School for the 2010-2011 school year in compliance with the terms and conditions as outlined in this enrollment agreement. I also agree to meet the outlined payment plan obligations that I have indicated here.

If tuition payment is to be shared by two parties, both parties must sign this tuition contract. Please attach a note outlining the division of this shared responsibility.

Parent's Signature _____ Print Name _____ Date _____

Billing Address (if different than student address) _____

Parent's Signature _____ Print Name _____ Date _____

Billing Address (if different than student address) _____

2010-2011 ACH AGREEMENT

For Families Paying by Credit Card or Automatic Account Deduction

Please complete the portion of this form that applies to you:

Option A: Pay all tuition in one (1) payment by July 1, 2010 (Visa, MasterCard and/or Discover). Complete the portion of this form below with your bankcard information and signature authorization.

Option C: Pay tuition quarterly or monthly with an automatic withdrawal from your checking or savings account (ACH). Complete the (ACH) portion of this form with your bank information and signature authorization, and return with the contract.

PAYMENT METHOD A: CREDIT CARD AUTHORIZATION

Pay all tuition in one (1) payment by July 1, 2010 (Visa, MasterCard and/or Discover). A \$200 convenience fee will be added. All information must be completed (please print):

Student(s) Name(s): _____
 Name on Card: _____
 Account Number: _____ Expiration Date: _____ 3 Digit Code on back: _____
 Total Amount \$ _____ Card type (check one): VISA MasterCard Discover (no other cards accepted)
 Billing address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (_____) _____
 Cardholder Signature: _____ Date: _____

Cardholder authorizes AMHS to charge the amount of the **total** shown hereon and agrees to perform the obligations set forth in the cardholder's agreement.

PAYMENT METHOD C: ACH (Automatic Deduction)

- Please enclose: Voided Check for Checking Accounts --or-- Deposit Slip for Savings Accounts
- **A \$35 late fee will be assessed for each month that a payment is past due.**
- Any one whose signature is required to withdraw funds from this checking/savings account must sign below.
- If the due date falls on a weekend or holiday, AMHS will initiate the debit entry (ACH) on the next business day.
- If you do not complete this ACH form, your tuition will be due in two equal payments. The first half of tuition will be due on July 1, 2010, and the second half will be due on January 1, 2011 and must be paid directly to the school business office.

All information must be completed (please print):

Student(s) Name(s): _____
 Parent/Guardian Name(s) on bank account: _____
 Your Financial Institution (Bank) Name: _____
Check one: Checking Savings Routing #: _____ Account #: _____
Check one: Four quarterly payments of \$ _____ Twelve monthly payments of \$ _____
 (Deducted in July, October, January, April) (Deducted beginning July 2010, ending June 2011.)
Check one: Please deduct my tuition payment on the: 10th 20th of each month that applies to my plan.

I (we) authorize and request AMHS to initiate electronic debit entries (ACH) to charge my (our) account indicated above in the financial institution named above ("Bank"). I (we) authorize and request my (our) Bank to honor the debit entries initiated by AMHS and debit these charges to that account. This authorization will remain in effect until all tuition amounts owed are paid in full, or until I (we) cancel this authorization. To cancel, I (we) must notify AMHS and Bank in writing 30 days prior to the date that the actual cancellation will occur.

Signature: _____ Signature: _____
Any one whose signature is required to withdraw funds from this checking/savings account must sign.