

**FINANCIAL RESPONSIBILITY AGREEMENT**  
**SCHOOL YEAR \_\_\_\_\_**

**GRADES K-8**

Person(s) Financially Responsible: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of children enrolled at St. Joseph Mission School: \_\_\_\_\_

	Grade	Registration	Tuition
Child 1: _____		\$ 200*	\$1,400
Child 2: _____		\$ 200*	\$1,200
Child 3: _____		\$ 200*	\$1,000
Child 4: _____		\$ 200*	\$ 800

**Full Registration Fee must be paid prior to child being admitted to classes.**

**I agree to pay St. Joseph Mission School the minimum payment of \$140 per child (or 10% of balance) per month on the first of each month. If financial aid (grant or scholarship) is applied to my account, my account will be adjusted, and I will be notified of any change in my monthly obligation in writing.**

**If a payment is not made by the 10th of each month, I understand it is considered past due and subject to collection.**

\_\_\_\_\_  
Responsible Party Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date