

Parent/Guardian Signature

St. James Catholic School Payment Options 2017-2018

2700 – 28th Avenue Vernon, BC V1T 1V7 Telephone: (250) 542-4081 Fax: (250) 542-5696

Date
Date

Student(s) Name(s) & Grades:

- 1.
- 2.
- 3. 4.

Payment	Ontions	(nlease cir	cle the cho	san antia	ne)

ayment Options (please circle tile chosen options)				
Method of Payment	Payment Options			
Lump Sum Payment (5% discount)	At registration or Prior to September 15, 2017			
2. Pre-Authorized Debit	12 Equal Payments (must begin in July)	10 Equal Payments (must begin in September)		
Pre-authorized debit form	Select Date			
available. Include void cheque	5 th of Month or 22 nd of Month			
3. Post-Dated Cheques Please date th		the 15 th of each month		
	10 Equal Payments (Sept - June) or 12 Equal Payments (July - June)			
4. Other: Please Specify (e.g. cash)				
Alternate Payment: If s tuition, please complete the fo	omeone other than you will be llowing details.	paying <u>all or part</u> of the		
NAME:	RELATIONSHIP TO STUDENT(S):	PHONE #:		
FORM OF PAYMENT (see above)	% OF TUITION PAID BY OTHER PERSON	% OF TUITION PAID BY PARENTS OR GUARDIANS		
MAILING ADDRESS :				
Parent/Guardian Name (please	print)	Date		