

PAYMENT FORM 2010 – 2011

The completed registration form needs to be turned in with the \$250 deposit. The \$250 deposit applies to the total due and is subtracted to get your remaining balance due. Please complete registration and payment by July 31. **Starting August 1, 2010 there will be a \$25 late fee.**

Please PRINT these forms and return it to the school office or mail to:
Agudas Achim Attn: Inda Posner Religious School, 16550 Huebner Rd, 78248.
Fax Number: 479-0295

Combined Tuition / Fee Schedule:

KT – 2nd grade	\$600
Grades 3 – 5	\$865
Grade 6	\$901
Grade 7	\$865
Grades 8 – 9	\$575
Grade 10 / Confirmation	\$805

Name(s) of Parent/Guardian:

1: _____ 2: _____

List each student, grade, and their individual tuition/fees from above.

Student	Grade	Tuition/Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL DUE FOR ALL STUDENTS = \$ _____

REGISTRATION DEPOSIT (*DUE AT TIME OF REGISTRATION*)
NUMBER OF STUDENTS REGISTERED _____ X \$250 = \$ _____

REMAINING BALANCE DUE (*TOTAL DUE – REGISTRATION DEPOSIT*) = \$ _____

IPRS Scholarship Fund

Please consider making a tax deductible donation to assist other IPRS families with their religious school tuition. If able, indicate the amount of your contribution here _____ and it will be added to your Agudas Achim bill.

PAYMENT OPTIONS
School Year 2010 – 2011

Parent Name(s) on Agudas Achim Account _____

CREDIT CARD OPTION (please indicate choice)

_____ Charge my credit card today \$_____ (total due)

or

_____ Charge my credit card two times as follows:

Today \$_____ (must include minimum of \$250 per student)

Sept. 1, 2010 \$_____ (remaining balance in full)

or

_____ Charge my credit card five times as follows:

Today \$_____ (must include min. payment of \$250 per student)

Sept. 1, 2010 \$_____ (1/4 of remaining balance)

Oct. 1, 2010 \$_____ (1/4 of remaining balance)

Nov. 1, 2010 \$_____ (1/4 of remaining balance)

Dec. 1, 2010 \$_____ (1/4 of remaining balance)

Card Number: _____ Exp. Date: _____

Name Card: _____

Billing address if different than home address _____

Billing Zip Code _____

CHECKING / ACH DEBIT (please indicate choice)

_____ Check provided today \$_____ (total due)

or

_____ A check is provided today for: \$_____ (must include min. of \$250 per student)

And debit my checking account on Sept. 1, 2010 \$_____ (remaining balance in full)

or

_____ A check is provided today for \$_____ (must include min. of \$250 per student)

And debit my checking account four times as follows:

Sept. 1, 2010 \$_____ (1/4 of remaining balance)

Oct. 1, 2010 \$_____ (1/4 of remaining balance)

Nov. 1, 2010 \$_____ (1/4 of remaining balance)

Dec. 1, 2010 \$_____ (1/4 of remaining balance)

For ACH Debit attach a voided check.

Signature: _____