



Mother of Sorrows School

A PENNSYLVANIA CHARITABLE TRUST

"Educating the Heart, Mind, and Soul"

3264 Evergreen Drive, Murrysville, PA 15668

Web: www.moschool.org Phone: 724-733-8840 Fax: 724-325-1144

TUITION PAYMENT AGREEMENT

(Revised January 2012)

Family Name _____

Student Names	Grade	Tuition Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Tuition	_____

I/We agree to pay Mother of Sorrows School the tuition and all fees for the attendance of my/our child(ren) as established by the school for the 2012-2013 school year. A \$75 one-time, non-refundable registration fee is required at the time of registration. I/We elect to pay the tuition and costs as follows:

_____ One Payment: July 1, 2012

_____ Two Payments: July 1, 2012 & January 3, 2013

_____ Monthly payment plan on FACTS that will bring the balance to zero by June 30 or earlier of the school year completed in June.

_____ Any of the above options but paid through a credit card. Please indicate which above option you are choosing.

_____ Combination of above options. Please indicate which options you are choosing and explain details:

I/We further agree that all payments will be paid when due. Should I/we be late in payment, I/we understand that the following process will be followed:

- a) The parents/guardians will be notified in writing of the payment not being received.
- b) The parents/guardians will be given 20 calendar days to bring the account to current status or meet with school administration to have an adjusted payment contract approved (not a guarantee).
- c) If the account is not brought to current status, and an adjusted payment contract is not agreed upon and approved by school administration, the student enrollment will cease after the 20th day.

I/We agree to pay all amounts due under this contract. If another person is responsible to pay any part of the amount due for the child(ren) above, and she/he fails to pay when due, I/we agree to pay all amounts due immediately upon notification by the school.

I/We agree to pay for the entire semester if the child(ren) leave before that semester is completed.

I/We further agree to abide by the Mother of Sorrows code of conduct and understand that if my/our child(ren) violates any portion of the student-parent handbook and/or is removed or expelled from Mother of Sorrows School for any reason consistent with the student-parent handbook, then I/we are not entitled to a proportionate refund of tuition. In addition, I/we understand that I/we may still be legally responsible for paying any tuition owed at the time our/my child(ren) stopped attending Mother of Sorrows School.

I/we further agree to be legally responsible for paying the tuition described above within the timeframes described above. I/We understand that Mother of Sorrows School may take any action available and consistent with applicable law in order to collect unpaid tuition owed by me/us including but not limited to withholding academic transcripts.

I/We have read and understood all of the terms and conditions contained in this agreement, and I/we agree to be legally bound by those terms and conditions.

Parent/Guardian

Date

Social Security Number

Mailing Address

Telephone