



515 PARK AVENUE, GALLUP, NM 87301
(505) 863-6652

ENROLLMENT
CONTRACT 2017-18

SACRED HEART SCHOOL STUDENTS	
NAME	GRADE

I, _____, hereby request that my child/children listed above be enrolled in the education program at Sacred Heart Catholic School for the 2017-2018 school year. By signing this contract, I acknowledge that I am committed to and will honor all conditions and terms of the contract.

Plan A Tuition Option

Tuition Rate: 1st Child \$3500/year, 2nd Child \$3150/year, 3rd and subsequent children \$2975/year

- I agree to the conditions set forth in the Sacred Heart Family Handbook and will abide by the terms and conditions therein
- I agree to provide twenty (20) hours of service to the school before the end of the school year
- I agree to buy or sell at least two (2) books of Bazaar Raffle Tickets for the Sacred Heart Cathedral Bazaar
- I agree to provide one baked good per student attending Sacred Heart School for sale at the Bazaar
- I agree to buy or sell at least eight (8) items from the Fall Catalog Fundraiser
- I agree to buy or sell at least two (2) boxes of chocolate per student from the Spring Chocolate Sale

Plan B Tuition Option

Tuition rate: 1st Child \$7500/year, 2nd Child \$6750/year, 3rd and subsequent children \$6375/year

- I agree to the conditions set forth in the Sacred Heart Family Handbook and will abide by the terms and conditions therein
- Our family will be exempt from the requirement of service hours
- Our family will be exempt from the requirement of fundraising

I have read the above guidelines and understand my responsibilities to the school. I select:

- Tuition Option A Tuition Option B

I will pay my tuition obligation in the following manner:

- One-time lump sum payment due on or before the first day of school
- Two equal payments, the first due on or before the first day of school, the second on or before January 2, 2018
- Ten equal payments, due on the first day of each month beginning August 1, 2017

I understand that if my child(ren) is/are not picked up by 3:00 (3:10 for midschool) he/she/they will be taken to the After-School Program, and I will be charged \$8.00 per day of attendance.

I further understand that lunches and after-school care will be billed monthly, and payment for these services will be due by the 15th of each month.

PRINT Parent Name: _____ Date: _____

Address: _____ Phone: _____

Parent Signature: _____