## Registration 2018-2019 School Year

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Please share your reasons with us	
My child(ren) <b>will not be</b> return 2018-2019 school year.	rning to Sacred Heart of Jesus School
Signature	Date
Address	
Ph	one # Email
Name of Child	2018-2019 Grade
year.)	

## **Tuition Payment Plan**

Please choose the tu	ition plan that you will b	e following for the 2018-2	2019 school year.	
Option 1:	Payment in full by July 1, 2018 – 3% discount granted.			
Option 2:	Monthly Electronic Deductions:			
	_10 monthly installme and ending on June	ents beginning Septem e 15, 2019.	ber 15, 2018	
	_12 monthly installme and ending on June	ents beginning July 1, 2 e 1, 2019.	2018	
Name	Phone #			
	mber		*Please attach a voided check	
Bank Account Nu	mber		Volucia official	
Please check one	Checking	Savings		
account indicated a stated date of each 2019, or until Sacre	above. I authorize the n month beginning Jul ed Heart of Jesus Sch	is School to initiate dele ese automatic deduction ly 1, 2018 through and thool receives my writte Tunity to act on it. <u>NS</u>	ons on the above including June 15, on notice of	
Signature		Date		
Signature(Requ	uired if joint account)	Date		

This form, along with a voided check, must be returned with your registration form. If you have any questions please call Jeff Flaherty at the parish center at (330) 336-3049 or email: JEFF@SHOFJESUS.COM