

**ALL SAINTS CATHOLIC SCHOOL  
3418 NOBLE AVE.  
RICHMOND, VA 23222**

We (I) agree if we do not make payment as required by the Contract, we will be liable for any and all costs of collection, including attorney's fees, not to exceed 33 percent of the outstanding balance of principal and interest. We further understand that failure to pay may result in certain actions being taken by the school. In addition, All Saints Catholic School reserves the right to refuse future enrollment unless satisfactory arrangements to pay are made with the school office. \_\_\_\_\_(initials)

We (I) agree to accept and cooperate fully with All Saints Catholic School in routine matters of rules, regulations, and discipline. All Saints Catholic School reserves the right to discipline the student when in the opinion of the administration the student's interest or that of the school will be best served by such action. "It is the principal's right and sole discretion to dismiss or suspend any student for lack of progress or for conduct of the parent(s)/guardians that is contrary to the interest of the school."  
\_\_\_\_\_(initials)

We (I) understand that All Saints Catholic School does not have on-site and does not have access to special education resource teachers, a school counselor, a school psychologist, or a speech and hearing specialist. We (I) agree to cooperate fully with the faculty and administration in seeking additional special help from outside agencies when, upon recommendation of All Saints Catholic School, it appears to be in the best interest of my child. \_\_\_\_\_(initials)

**THIS CONTRACT WILL BE GOVERNED BY VIRGINIA LAW.**

**NOTICE: DO NOT SIGN THE CONTRACT UNTIL YOU HAVE READ IT CAREFULLY.**

The contract is to be signed by parent(s) or guardian(s) of the student(s) as indication of a complete and full understanding and agreement of all terms of this Contract.

\_\_\_\_\_  
Printed Name and Social Security Number of Parent(s) / Guardian(s)

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
Printed Name and Social Security Number of Person Accepting Financial Responsibility (if different)

\_\_\_\_\_  
SIGNATURE(S)

**ADDRESS OF PERSON ACCEPTING FINANCIAL RESPONSIBILITY FOR TUITION AND FEES**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

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3418 NOBLE AVE.  
RICHMOND, VA 23222**

**ADMISSION / CONTRACT FOR SCHOOL YEAR 2011-2012**

STUDENT(S) NAME:

		Grade in August _____
Last	First	MI
		Grade in August _____
Last	First	MI
		Grade in August _____
Last	First	MI

We, the undersigned, represent that we are responsible for paying the fees for the above student(s).

We are members of \_\_\_\_\_ Catholic Parish OR We are not members of a Catholic Parish. \_\_\_\_\_  
 Name of Parish Check

We understand that the obligation to pay fees and tuition for the full academic year is unconditional, and that registration and curriculum fees are non-refundable. It is the policy to pro-rate tuition only should a child leave All Saints Catholic School prior to the last day of school. We understand that if fees / tuition are delinquent that report cards and school records will be held until payment is current. Students may not participate in graduation ceremonies unless fees / tuition are paid in full. \_\_\_\_\_ (initials)

	CATHOLIC	NON-CATHOLIC
TUITION	\$4850	\$5100
CURRICULUM FEES	\$ 300	\$ 300
FACTS fee (\$35 per contract)	\$ 35	\$ 35
<b>TOTAL</b>	<b>\$ 5185</b>	<b>\$5435</b>

10 Month Payment (August - May)	<b>\$518.50</b>	<b>\$543.50</b>
11 Month Payment (July - May)	<b>\$471.36</b>	<b>\$494.09</b>

*Please note that the above monthly rates should be used on the FACTS Application Form.*

For families with more than one child enrolled, the tuition will be \$400 per year less for each additional child. (The school will be glad to help you with monthly totals, etc.)

All Families must pay tuition through the FACTS program. The only exception is those families that choose to pay the entire tuition for the year (at a 3% savings) to the school no later than August 1, 2011.

Fees and tuition are payable on the dates agreed on your FACTS form. **STUDENT(S) WILL NOT BE ALLOWED TO BEGIN SCHOOL UNLESS FEES ARE PAID NOR WILL THEY BE ALLOWED TO REMAIN IN SCHOOL IF TUITION IS IN ARREARS** \_\_\_\_\_ (initials)