



SMART TUITION

Financial Solutions for Schools and Parents

Good Shepherd School - 10362
620 Isham Street
New York, NY 10034

1 0 3 6 2 1 9 1 8 0

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER															LAST NAME OF PARENT/GUARDIAN/BILL PAYER																			
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY															*LAST NAME OF ADDITIONAL AUTHORIZED PARTY																			
STREET ADDRESS OR P.O. BOX																														APT#				
CITY																				STATE					ZIP CODE									
HOME TELEPHONE NUMBER										MOBILE TELEPHONE NUMBER																								
EMAIL ADDRESS (Smart emails reminders for upcoming payments)																																		

SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date: 15 Your school allows the following due date: 15

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: 15 Your school allows the following due date: 15

PLEASE DEBIT MY:

9 DIGIT ROUTING NUMBER:

CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

BANK ACCOUNT NUMBER:

PLEASE CHARGE MY:

CREDIT CARD NUMBER:

AMEX DISCOVER MASTERCARD VISA

EXPIRATION DATE:

SELECT A PAYMENT PLAN

Plan A 10 Payments Aug - May

ENTER PLAN LETTER HERE

A

ENTER STUDENT INFORMATION

Choose from the following grades: UPK, PK3, PK4, K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$45.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE / /

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:

SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN

COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

<input type="text"/>	STUDENT TUITION 1	\$	<input type="text"/>
<input type="text"/>	STUDENT TUITION 2	\$	<input type="text"/>
<input type="text"/>	STUDENT TUITION 3	\$	<input type="text"/>
<input type="text"/>	STUDENT TUITION 4	\$	<input type="text"/>
FAMILY TUITION SUBTOTAL		\$	<input type="text"/>

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE + 45.00

ANNUAL TOTAL DUE \$