

**ST. AUGUSTINE MISSION SCHOOL**

**REGISTRATION FEE/ LUNCH FEE  
PAYMENT AGREEMENT**

I understand that the total cost of educating my child at St. Augustine Mission School is in excess of \$9,000 annually. Many generous benefactors of St. Augustine Mission School make this quality Catholic education possible. The \$150.00 per child registration fee is a non-refundable annual payment made by parents/guardians like myself who wish to register their child(ren) for the school year. I understand and agree that non-refundable means: if my child(ren) withdraw(s) from St. Augustine Mission School for any reason prior to the conclusion of the school year I am not entitled to reimbursement of the fee paid. I further understand and agree that if my child(ren) leave(s) prior to my full payment of the fee, that I shall remain responsible for paying the fee in full amount of \$150.00 per child for the year covered by this agreement.

Name

Grade

I am enrolling:

_____	_____
_____	_____
_____	_____

Total Registration Fee due \_\_\_\_\_

School Yr \_\_\_\_\_

Check one:

\_\_\_\_\_ I am able to pay the entire fee today.

\_\_\_\_\_ I am unable to pay the entire fee today. I am able to pay \$\_\_\_\_\_ at this time leaving me a balance of \$\_\_\_\_\_, which I agree to pay on or before \_\_\_\_\_ date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LUNCH FEE PAYMENT**

In circumstances where my student is required to pay full or reduced fees for meals I agree to pay all charges incurred. I fully understand that charges shall be due and payable upon receipt of the monthly billing. I further agree and understand that all fees shall be paid in full by the last day of school each year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date