



Name: _____ 2019-2020 Grade _____

ENTER TO LEARN CHRIST ✝ LEAVE TO SERVE CHRIST

425 PARK AVENUE | ABBEVILLE, LA 70510
P | 337.893.6636 • F | 337.898.0394 • W | VERMILIONCATHOLIC.COM

FINANCIAL OBLIGATION FORM 2019-2020

REGISTRATION, OUT OF PARISH, AND BUILDING/MAINTENANCE FEES ARE NON-REFUNDABLE – MINIMUM \$200.00 MUST BE ATTACHED TO BE CONSIDERED REGISTERED

Mandatory Fees: (Check all fees that are being included with this form)

____ REGISTRATION FEE PER CHILD: **ON or BEFORE February 8, 2019** \$465.00 \$_____
ON or AFTER February 9, 2019 \$565.00

The following fees are due by August 15, 2019:

____ OUT OF CHURCH PARISH/ NON CATHOLIC FEE PER CHILD: \$250.00 \$_____

Assessed to all students who are Non-Catholic or are not registered parishioners of Saint Mary Magdalen Catholic Church. The attached Commitment Fee Form is required for us to request fee from family's other church parish.

Family's Church Parish: _____
(Required Information– DO NOT LEAVE BLANK)

____ BUILDING/MAINTENANCE FEE PER FAMILY:	\$ 100.00	\$_____
____ Tuition (first child)	\$6,700.00	\$_____
____ Tuition (additional siblings in household)	\$6,650.00	\$_____
____ Theology Fee (Assessed per student)	\$ 50.00	\$_____
____ Technology Fee (Assessed per student)	\$ 100.00	\$_____
____ Student Council Fee (Assessed per student) Class Shirt size _____	\$ 25.00	\$_____
____ Class of 2023 Dues (Assessed to Freshmen)	\$ 30.00	\$_____
____ Class of 2022 Dues (Assessed to Sophomores)	\$ 35.00	\$_____
____ Class of 2021 Dues (Assessed to Juniors)	\$ 40.00	\$_____
____ Graduation Fee 2020 (Assessed to Seniors)	\$ 70.00	\$_____

Other Fees: (Check all that apply to this student and are being included with this form)

____ Athletic Fee (Mandatory for participation in any sports. Includes managers, photographers, etc.) \$125.00 \$_____
____ P.E. Uniforms - \$10 per each piece – (please include order form) \$_____

Course Fees (Applies only to students enrolled in these courses)

____ ACT Prep Fee \$100.00 \$_____
____ Spanish Fee \$100.00 \$_____

TOTAL AMOUNT OF PAYMENT ATTACHED: \$_____

Parent/Guardian Signature: _____ Date: _____

Vermilion Catholic High School does not discriminate on the basis of race, creed, national origin or ethnic background in educational programs or activities.



For Office Use Only:
Date Rec'd: _____
C/Check #: _____
Amount: _____



Name: _____ 2019-2020 Grade _____

ENTER TO LEARN CHRIST ✝ LEAVE TO SERVE CHRIST

425 PARK AVENUE | ABBEVILLE, LA 70510
P | 337.893.6636 • F | 337.898.0394 • W | VERMILIONCATHOLIC.COM

TUITION PAYMENT PLANS

TUITION PER STUDENT **\$6,700.00**

TUITION PER ADDITIONAL SIBLINGS IN HOUSEHOLD **\$6,650.00**

Payment Options:

- _____ Option 1 I will pay tuition in full on or before August 15, 2019 and receive a discount of \$100.
- _____ Option 2 Please draft tuition from my bank account for 10 months beginning in August, 2019 and ending in May, 2020 for 1/10th of tuition \$670.00 per month (\$665.00 per month for additional siblings in household). (Attach voided check and choose draft date.)
- _____ Option 3 Please draft tuition from my bank account for 12 months beginning in June, 2019 and ending in May, 2020 for 1/12th of tuition \$558.33 per month (\$554.17 per month for additional siblings in household). (Attach voided check and choose draft date.)

CIRCLE DAY OF BANK DRAFT: 1ST 10TH 15TH

I HEREBY AUTHORIZE VERMILION CATHOLIC HIGH SCHOOL TO DRAFT TUITION FROM MY BANK ACCOUNT EACH MONTH ACCORDING TO THE OPTION SELECTED.

Parent/Guardian's Name(s): _____

Parent/Guardian's Email: _____

Parent/Guardian's Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE.
REQUIRED FOR **ALL** DRAFT PAYMENT OPTIONS

Vermilion Catholic High School does not discriminate on the basis of race, creed, national origin or ethnic background in educational programs or activities.



For Office Use Only:
Date Rec'd: _____
C/Check #: _____
Amount: _____



Name: _____ 2019-2020 Grade _____

ENTER TO LEARN CHRIST ✝ LEAVE TO SERVE CHRIST

425 PARK AVENUE | ABBEVILLE, LA 70510
P | 337.893.6636 • F | 337.898.0394 • W | VERMILIONCATHOLIC.COM

NON-ST. MARY MAGDALEN FEE COMMITMENT

This form is required by all families outside of Saint Mary Magdalen Church parish

To: Fellow Pastors

From: Father Louis Richard

RE: Out-of-Parish Fee Commitment

Vermilion Catholic High School assesses an out-of-parish fee to those students who are not registered parishioners of Saint Mary Magdalen Church Parish. It is at your discretion as to whether you will assist your parishioners with all or part of this fee for students in your parish. The following family has indicated that they are parishioners of your church parish. Please complete the following information regarding this family.

TO BE COMPLETED BY THE FAMILY:

Father's Name: _____	Religion: _____
Mother's Name: _____	Religion: _____
Student's Name: _____	Grade Level: _____
Student's Name: _____	Grade Level: _____
Student's Name: _____	Grade Level: _____

Address: _____

Phone: _____
Home _____ Cell _____ Work _____

TO BE COMPLETED BY THE PASTOR:

Church Parish: _____ City: _____

In reference to the family listed above, I will commit to covering

- _____ All of the \$250.00 Out-of-Parish Fee
- _____ A portion of the Out-of-Parish Fee Amount that will be covered \$ _____
- _____ None of the Out-of-Parish Fee

PASTOR'S SIGNATURE: _____ Parish Seal

Vermilion Catholic High School does not discriminate on the basis of race, creed, national origin or ethnic background in educational programs or activities.



For Office Use Only:
Date Rec'd: _____
C/Check #: _____
Amount: _____