SMART TUITION
Financial Solutions for Schools and Parents™

HOPE LUTHERAN SCHOOL - 10524
2071 12TH STREET
IDAHO FALLS, ID 83404

1 0 5 2 4 1 0 0 1 9 9

2010-2011

WHO WILL PAY TUITION?

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)

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)

HOW & WHEN YOU WILL PAY?

☐ PLEASE SEND ME INVOICES - MY PAYMENT IS DUE ON THE: 1

Your school only allows the following invoice due dates:

☐ PLEASE DEBIT MY ACCOUNT ON THE:

Your school only allows the following debit dates:
1,5

PLEASE DEBIT MY ☐ CHECKING **(PLEASE ATTACH A VOIDED CHECK)** OR ☐ SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

PLEASE CHARGE MY ☐ AMEX ☐ DISCOVER ☐ MASTERCARD

CREDIT CARD NUMBER

EXPIRATION DATE

2.5% convenience fees apply to all credit card payments.
Smart Tuition does not accept Visa

WHICH PAYMENT PLAN - For the 2010-2011 School Session?

Plan A **1 Payment** **Aug**

Plan B **12 Payments** Jun - May

ENTER PLAN LETTER HERE

WHO IS ATTENDING THE SCHOOL?

GRADE: Choose from the following grades:
PS, PK3, PK5, K, 1-6

*GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

OPTIONAL SCHOOL FAMILY ID:

OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE.
- ☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
- ☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT IDs

STUDENT 1 TUITION:	$
STUDENT 2 TUITION:	$
STUDENT 3 TUITION:	$
STUDENT 4 TUITION:	$
FAMILY TUITION SUBTOTAL	$

FEES & DISCOUNTS
If you would like help with fees and discounts please contact your account manager.

TOTAL FEES SPREAD ACROSS PLAN	+
TOTAL FEES TO PAY IN FIRST MONTH	+
TOTAL DISCOUNTS ACROSS PLAN	-

ANNUAL TOTAL DUE $

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 automatically 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 students above and realize that if I fail to make payment by the specified due date such inaction will result in a late fee established by my school. I understand that Smart Tuition may contact me via email and telephone when payments are late and charge a follow up fee of $30.00. A $25.00 fee will apply for failed auto-debit and failed checks.

PRIMARY BILL PAYER _____ DATE ___/___/___