



St. Joan of Arc School
498 E. Washington St.
Chagrin Falls, OH 44022
440.247.6530

July 2019

Dear School Parents and Guardians:

The St. Joan of Arc School tuition policy continues to provide four different installment plans to pay your child's school tuition: annually, semi-annually, quarterly, and monthly.

WHAT YOU NEED TO REMEMBER:

1. If you choose the **annual** or **semiannual** payment options, you must make a payment by August 19th. The second payment for the semi-annual plan is due January 27, 2020.
2. If you choose the **monthly** or **quarterly** payment option, you are required to sign up for our automatic ACH payment plan.
 - **IMPORTANT NOTE:** The **first payment must be paid with a check or cash** by August 19th. All subsequent payments will be made using the ACH process.
 - Under this plan, your checking account will be charged automatically on each payment due date for the amount of each payment. Monthly and quarterly due dates and tuition amounts can be found on the tuition schedule (copy enclosed).
 - Please complete the enclosed ACH tuition form (green card) and return it and a voided check to the school office **by August 19th**
 - Additional forms and information can be found on our school website: www.stjoanofarc.org

Payment options can be finalized at the school office beginning August 13th but must be completed by August 19th for a student to be able to attend classes.

To simplify the fee payment process, we will be collecting one payment to cover each of the required "per family" fees, plus the annual fee paid to the PTO which is used to cover a number of school related expenses. See the enclosed fee payment schedule for more information.

Regarding 2019/2020 academic year tuition assistance, we will work with families with real financial needs. Please call Fr. Gary at 440-247-6530 to discuss your family situation.

Blessings,

Father Gary J. Malin
Pastor

Daniel L. Mitchell
Principal



St. Joan of Arc School Annual Fees

Family Last Name: _____

Family Address: _____
(please note any corrections) _____

Annual Fees – per family:

Fee Type	Amount Due
Technology	\$60.00
Lunch and Playground Monitor	\$60.00
Activities	\$30.00
PTO	\$30.00
TOTAL	\$180.00

Payment Date: _____

Check #: _____