

St. John Villa Academy
57 Cleveland Place, Staten Island, New York 10305
(718) 447-4150 Fax (718) 447-4187

Elementary Bursar Record 2010-2011

Student's Last Name _____ **First Name** _____ **GRADE** _____

Last Name _____ **First Name** _____

Last Name _____ **First Name** _____

Student's Address _____

City/State _____ **Zip** _____

Home Telephone Number _____

2% discount for payment in full by June 30, 2010 _____

Failure to pay by due date will result in an administrative fee of \$100.00 for change of payment plan.

****Please circle your choice of SMART's payment plan**

Monthly **Quarterly** **Semi-annually**

Father's full name _____ **Occupation** _____

Home Address _____

Business Telephone No. _____ **Cell Phone No.** _____

Mother's full name _____ **Occupation** _____

Home Address _____

Business Telephone No. _____ **Cell Phone No.** _____

Contractual Declaration

I understand that in signing this declaration, I have made a contractual agreement with St. John Villa Academy as a private institution of learning. **Registration fee and 20% of annual tuition are non-refundable.** Monthly tuition is not pro-rated by the number of days in attendance. No refunds after December 31st except if dismissal is a reason for leaving the school. I also understand that all financial obligations must be met before school transcripts, class rank, report cards, academic records or diploma can be processed. I, therefore, agree to abide by the policies stated in the financial guidelines and handbook of St. John Villa Academy.

Person responsible for financial payments –

Name (Print) _____ **Date** _____

Signature _____

E-Mail Address _____