

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

Elementary School Bursar Record 2012-2013

	Last Name	First Name	Grade in September 2012
Student			

Are there any siblings in our High School or Elementary School? ___ Yes ___ No

If "Yes", please fill in the following information:

	Last Name	First Name	Grade in September 2012
2 nd Student			
3 rd Student			
4 th Student			

Student's Address _____

City/State _____ Zip _____ Home Telephone _____

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

Monthly

(March 2012 through January 2013)

Quarterly

(March, July, October 2012, January 2013)

Semi-annually

(March and September 2012)

Father's full name _____ Occupation _____

Home Address (if different than student) _____

Business Telephone No. _____ Cell Phone No. _____

Mother's full name _____ Occupation _____

Home Address (if different than student) _____

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 10% 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 _____