



Tuition Payment Plan Contract

Date: _____
 Parent Name: _____
 Address: _____
 City/State/Zip: _____
 Phone Number: _____ Email: _____

I, the undersigned member, agree to make **monthly tuition payments on or before the 15th of each month** and the agreed amounts stated on the payment schedule below to St. Marcus Lutheran School. I understand the consequences that will be brought against me if the contract is violated. The penalties could include: account being turned over to collection agency and/or prosecution in a small claims court. Upon default, I agree to pay any fees or costs that the school may incur in collecting my balance owed as well as a competitive interest rate on the amount owed. Also upon default, I will not be able to re-enroll my child/ren in St. Marcus Lutheran School.

Total amount owed (beginning balance)..... \$ _____

Payment Date	Payment Amount	Balance
08/15/2021	_____	_____
09/15/2021	_____	_____
10/15/2021	_____	_____
11/15/2021	_____	_____
12/15/2021	_____	_____
01/15/2022	_____	_____
02/15/2022	_____	_____
03/15/2022	_____	_____
04/15/2022	_____	_____
05/15/2022	_____	_____

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with the school, and I will remain current with this payment plan.

Parent: _____ Date: _____

School Administrator: _____ Date: _____