



St. Mary's Preparatory

INTERNATIONAL PAYMENT CONTRACT

STUDENT LAST NAME _____ FIRST NAME _____ M.I. _____

BILLING ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT:

NAME: _____

RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

CITY: _____ COUNTRY: _____ ZIP: _____

PAYMENT SCHEDULE:

_____ PAYMENT IN FULL* – CASH, CHECK, MONEY ORDER, CREDIT CARD

CIRCLE ONE: VISA MASTER CARD

CARD NUMBER: _____

EXPIRATION DATE: _____

WIRE PAYMENTS TO: Orchard Lake Schools/3535 Indian Trail/Orchard Lake, MI 48324
Comerica Bank/Account # 1851523876/ABA # 072000096/Swift Code: MNBDUS33

_____ F.A.C.T.S. TUITION MONTHLY PAYMENT PLAN**

Families who pay in full by Aug. 15 will receive a \$100 discount.

*If you select the VISA or MASTERCARD option, a 3% credit card processing fee will be added to the amount you charge on your credit card at processing time.

**If you select the F.A.C.T.S. option, you MUST submit a F.A.C.T.S. registration with this form. If you do not choose the F.A.C.T.S. option, we will require payment in full by Sept. 15 or we will be forced to remove your child from St. Mary's.

PLEASE NOTE:

ST. MARY'S REGISTRATION FORM, \$500 DEPOSIT NON-REFUNDABLE AFTER JUNE 15, CONSENT TO TREATMENT FORM, PHYSICAL EXAM REPORT, IMMUNIZATION FORM, RECORDS RELEASE FORM, HONOR CODE PARENT FORM AND F.A.C.T.S. FORM (if applicable) NEED TO BE RETURNED TO THE OFFICE BEFORE YOUR STUDENT WILL BE GIVEN HIS CLASS SCHEDULE. ATHLETES ALSO NEED TO SUBMIT THE MHSAA MEDICAL HISTORY CARD AND THE ATHLETIC EMERGENCY FORM.

I understand and agree to the payment plan marked above. Failure to abide by the plan will mean that my son's report card and/or transcript will not be released until the plan is fulfilled.

By signing this document, I understand and accept all of the policies of the Student Handbook and Honor Code (copies of the Student Handbook and Honor Code are available on the website www.stmarysprep.com).

PARENT/GUARDIAN SIGNATURE

DATE