



2011-2012 School Year  
(This form must be filled out every school year)  
**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: AMERICAN EXPRESS 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

\_\_\_\_\_ SMART TUITION MONTHLY PAYMENT PLAN

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

\*If you select the AMERICAN EXPRESS or MASTERCARD option, a 2.5% credit card processing fee will be added to the amount you charge on your credit card at processing time.

**PLEASE NOTE:**

**ST. MARY'S REGISTRATION FORM, \$1,000 DEPOSIT NON-REFUNDABLE AFTER JUNE 15, CUSTODIANSHIP/GUARDIANSHIP DECLARATION, 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](http://www.stmarysprep.com)).**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE