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PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARENT/GUARDIAN/BILL PAYER	2017-2018
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY	
STREET ADDRESS OR P.O. BOX		APT#
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
EMAIL ADDRESS (Smart emails reminders for upcoming payments)		

SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date: **20** Your school allows the following due dates: 20

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: **20** Your school allows the following due dates: 20

PLEASE DEBIT MY:

9 DIGIT ROUTING NUMBER:

CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

BANK ACCOUNT NUMBER:

PLEASE CHARGE MY:

CREDIT CARD NUMBER:

AMEX DISCOVER MASTERCARD VISA

EXPIRATION DATE: /

A 2.85% convenience fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan B	10 Payments	Jun - Mar	ENTER PLAN LETTER HERE <input type="text"/>
Plan C	2 Payments	Jun, Nov	
Plan D	1 Payment	Jun	

ENTER STUDENT INFORMATION

Choose from the following grades: PK-5F, PK-5H, PK-3F, PK-3H, PK-2F, PK-2H, 1 - 12

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE ____/____/____

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

<input type="text"/>	STUDENT TUITION 1	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 2	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 3	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 4	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FAMILY TUITION SUBTOTAL		\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

ANNUAL TOTAL DUE \$