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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

<input type="checkbox"/> I agree to make payments by mail, web or telephone. I agree to the following due date:												Your school allows the following due dates: 1, 15							
<input type="checkbox"/> I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:												Your school allows the following due dates: 1, 15							
PLEASE DEBIT MY:					<input type="checkbox"/> CHECKING (PLEASE ATTACH A VOIDED CHECK) OR					<input type="checkbox"/> SAVINGS									
9 DIGIT ROUTING NUMBER					BANK ACCOUNT NUMBER														
PLEASE CHARGE MY:					<input type="checkbox"/> AMEX		<input type="checkbox"/> DISCOVER		<input type="checkbox"/> MASTERCARD			<input type="checkbox"/> VISA							
CREDIT CARD NUMBER					EXPIRATION DATE					A 2.85% convenience fee applies to all credit/debit card payments.									

SELECT A PAYMENT PLAN

Plan M	10 Payments	Aug - May	ENTER PLAN LETTER HERE
Plan N	11 Payments	Jul - May	
			<input style="width: 100%; height: 100%;" type="text"/>

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*OPTIONAL SCHOOL FAMILY ID: *OPTIONAL TYPE CODE:

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

STUDENT TUITION 1	\$	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
STUDENT TUITION 2	\$	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
STUDENT TUITION 3	\$	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
STUDENT TUITION 4	\$	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FAMILY TUITION SUBTOTAL		\$	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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 ____/____/____

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 \$

