



**Congregation Brith Shalom Religious School  
2010-2011 5771  
TUITION FORM**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Person(s) responsible for tuition payment: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**PLEASE CHECK ONE:**

Pre-K through 2nd Grade  
*Sunday School*

**Early bird discount: \$455  
After May 20: \$555**

3rd through 7th Grade  
*Hebrew School*

**Early bird discount: \$740  
After May 20: \$840**

8th through 12th Grade  
*Mosad Shalom*

**Early bird discount: \$560  
After May 20: \$660**

**TUITION PAYMENT SCHEDULE: Check One**

*(Note: No child will be refused admittance for financial reasons.)*

- Payment in full enclosed.
- Deposit enclosed. Balance due Sept. 1, 2010.
- Deposit enclosed. 50% balance due Sept. 1; remainder due Dec. 31.

***TODAY'S PAYMENT***

**Required Fees**

Tuition (minimum \$275 deposit per family)	\$ _____
Security Fee (one payment per family)	\$ 50.00
P.T.O. Dues \$20/child or \$40/family	\$ _____
Snack Fund \$20/child	\$ _____

**Donations:**

Scholarship Fund	\$ _____
Teacher Discretionary Fund	\$ _____
P.T.O. Fund	\$ _____

***Today's Total Payment*** \$ \_\_\_\_\_

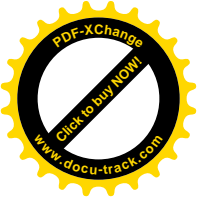
Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Visa/MasterCard No. \_\_\_\_\_ Expires \_\_\_\_\_ Amount \$ \_\_\_\_\_

Also charge \$ \_\_\_\_\_ voluntary contribution toward credit card fees. (Suggested donation: 3%)

I understand that Religious School **tuition will not be refunded** except in the event of illness or family move.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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