



ST. IRENE SCHOOL

3S601 Warren Avenue, Warrenville IL 60555
Office 630-393-9303 · Fax - 630-393-7009

201-2012 REGISTRATION

FAMILY NAME

FATHER

MOTHER

ADDRESS

CITY

ZIP CODE

PHONE

EMAIL

PARISH

REFERRED BY:

I/we wish to enroll the following child/ren in St. Irene School for the 2010-2011 school year.

NAME

GRADE / DOB

NAME

GRADE / DOB

NAME

GRADE / DOB

NAME

GRADE / DOB

I understand that with this form, I am expected to pay a non-refundable \$80.00 per student Registration Fee, or \$150.00 per family Registration Fee.

SERVICE RESPONSIBILITY (K-8): Families are required to perform a minimum of 20 hours of service to St. Irene's or pay an additional \$10.00 per hour service fee.

We, the undersigned, enter into this contract with St. Irene School. We understand that report cards, school records, and/or diplomas will not be given out until full payment is made to the parish.

DATE

SIGNATURE OF PARENT/GUARDIAN

(TO BE FILLED OUT BY STAFF ONLY)

AMOUNT

DATE RECEIVED

CHECK #

REG. FEE

NEW FAMILY: YES NO



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2011-2012 TUITION AGREEMENT

St. Irene School, in an effort to establish quality education for its students as well as provide a sound financial basis, has established this tuition agreement. This tuition agreement must be signed by all parents of students enrolled at St. Irene School before the registration form will be processed. Tuition will be managed by FACTS Tuition Management.

I/We _____

As the parent/s of _____

Agree that the total cost of tuition for my/our child/ren for the 2011-2012 school year is _____.

I/We have elected to pay this tuition as follows:

_____ Option A – Pay the full tuition by August 25th, 2011, in which event there is a \$100 discount on TUITION per family.

_____ Option B – Pay TEN equal monthly payments – August 5th or 20th, 2011 to May 5th or 20th, 2012.

_____ Option C – Pay TWELVE monthly payments – June 5th or 20th, 2011 to May 5th or 20th, 2012.

I/We understand that all accounts must be paid in full by the 5th or 20th of May 2012 in order to receive a final report card and/or diploma. NO RECORDS SHALL BE TRANSFERRED UNTIL ALL OUTSTANDING TUITION HAS BEEN PAID.

In the event that it becomes necessary to place this account in the hands of our business manager, your school account will be billed for any additional expense. The same would be true for any NSF checks.

Tuition is due on your choice of the 5th or 20th of each month. If tuition payment is late, there will be a charge of \$25.00 per month/per family.

DATED: _____

SIGNATURE OF PARENT/GUARDIAN _____

PARENT SOCIAL SECURITY NUMBER _____

Maureen T. White, Principal
St. Irene School
Warrenville, IL