

**St. Clement School**  
579 Boston Avenue  
Medford, MA 02155

***International Student Tuition Payment Plan Selection Sheet 2011 – 2012 School Year***

***Please Print!***

STUDENT NAME: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
No Street (Country Code) (Phone)

Province Postal Code Country

**Person responsible for payment of tuition:**

Relationship to Student: \_\_\_\_\_  
Last Name First Name Initial

Home Address: \_\_\_\_\_  
No Street City

Province Postal Code Country

Email Address

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
(Country Code) (Country Code)

**Place of Employment:**

Company Address City Province Postal Code

**Junior High School Tuition – 2011 - 2012**

**International Student Tuition \$3500 per each semester due July 1, 2011 and January 1, 2012.**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**AGREEMENT - TO BE COMPLETED AND RETURNED TO THE SCHOOL AT REGISTRATION**

I acknowledge that I am legally bound for the payment of all Tuition accrued by the student named above if applicable. I understand that payments must be made in accordance with the dates listed above. I also understand that if the student named above is asked to withdraw for disciplinary or academic reasons, I will forfeit all tuition paid. If withdrawal occurs for any other reason, I agree to notify the school in writing 10 day prior to the expected withdrawal date. I understand that if a student attends school one (1) day in a given month, I am responsible for the full tuition amount for that month and all tuition accrued up to that date. Accounts more than 30 days past due will result in the student not being admitted to school. All tuition accounts must be up to date in order for students to take mid-term and final exams.

\_\_\_\_\_  
**Date of Agreement**

\_\_\_\_\_  
**Signature of Person Responsible for Payment**