



SMART TUITION
Financial Solutions for Schools and Parents™

THE ACADEMY OF OUR LADY OF PEACE - 11341
99 SOUTH STREET
NEW PROVIDENCE, NJ 07974

1 1 3 4 1 1 4 1 8 0 8

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:

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:

PLEASE DEBIT MY: CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER:

BANK ACCOUNT NUMBER:

PLEASE CHARGE MY: AMEX DISCOVER MASTERCARD

CREDIT CARD NUMBER:

EXPIRATION DATE:

A 2.85% convenience fee applies to all credit/debit card payments. Smart Tuition does not accept Visa.

SELECT A PAYMENT PLAN

Plan A 10 Payments May - Feb

ENTER PLAN LETTER HERE

A

ENTER STUDENT INFORMATION

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

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"/>

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

FEES & DISCOUNTS

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

SMART ADMINISTRATIVE FEE + 50.00

ANNUAL TOTAL DUE \$