



SMART TUITION
Financial Solutions for Schools and Parents™

GLORIA DEI MONTESSORI SCHOOL - 06655
615 SHILOH DRIVE
DAYTON, OH 45415



0 6 6 5 5 1 1 0 1 9 9

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER	LAST NAME OF PARENT/GUARDIAN/BILL PAYER	2011-2012
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)	*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)	
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 payment due date: **1 0** Your school allows the following due dates (choose one):

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: **1 0** Your school allows the following debit dates (choose one):

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: /

2.5% convenience fees apply to all credit card payments. Smart Tuition does not accept Visa

SELECT A PAYMENT PLAN

Plan M 10 Payments Aug-May

Plan S 2 Payments Sep, Jan

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK,K,1-6,8-12

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"/>

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 IDS

<input type="text"/>	STUDENT 1 TUITION:	\$	<input type="text"/>
<input type="text"/>	STUDENT 2 TUITION:	\$	<input type="text"/>
<input type="text"/>	STUDENT 3 TUITION:	\$	<input type="text"/>
<input type="text"/>	STUDENT 4 TUITION:	\$	<input type="text"/>
FAMILY TUITION SUBTOTAL		\$	<input 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 automatically 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 students above and realize that if I fail to make payment by the specified due date such inaction will result in a late fee established by my school. I understand that Smart Tuition may contact me via email and telephone when payments are late and charge a follow up fee of \$30.00. A \$25.00 fee will apply for failed auto-debit and failed checks.

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 \$