

TUITION DETERMINATION FORM

BISHOP LEIBOLD SCHOOL - 2009-10

Parent Name (s) _____

Address _____
 City, State, Zip _____
 Phone # _____
 email address _____

Students Name (s)
 1 _____
 2 _____
 3 _____
 4 _____
 5 _____

	YES	NO	
Are you a parishioner of St. Henry or Our Lady of Good Hope Parish?			If no, complete Lines 1-3 and leave the rest of form blank. Your tuition amount is Line 3. If Yes, complete table 1.

	Enter No. of Students		Tuition Cost			
Line 1		X	\$ 3,995	=		Non-Parishioner tuition , gr. 1-8
Line 2		X	\$ 2,996	=		Non-Parishioner tuition , kdgt.
				=		Total for Lines 1 & 2

	Number of Kindergarten Students					
		0	1	2	3	4
Circle # of Students	1	\$ 2,997	\$ 2,253			
	2	\$ 5,325	\$ 4,659	\$ 3,994		
	3	\$ 7,533	\$ 6,905	\$ 6,278	\$ 5,650	
	4	\$ 9,136	\$ 8,565	\$ 7,994	\$ 7,423	\$ 6,852
	5	\$ 11,420	\$ 10,849	\$ 10,278	\$ 9,707	\$ 9,136

From the table above, select your tuition cost and enter this value:

Extended Day Kindergarten is \$3377 (No multi-student discount)

TOTAL:

	Yes	No	
Do you wish to apply for Income Based Tuition Aid? (Parishioners Only)			If no, leave rest of form blank. Tuition is in the Tuition Cost box above. If yes, tuition aid applications forms will be mailed on March 16th.

For guaranteed enrollment, registration forms MUST be returned no later than March 16th.

Please enclose your \$100.00 fee with your registration.