SMART TUITION
Financial Solutions for Schools and Parents™

FAITH BAPTIST SCHOOLS - 11054
7644 Farralone Avenue
CANOGA PARK, CA 91304

1 1 0 5 4 1 1 0 1 9 9

2011-2012

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*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 /

SELECT A PAYMENT PLAN

Plan A	**10 Payments**	**Aug-May**
Plan B	**1 Payment**	**Aug**
Plan C	**10 Payments**	**Aug-May**

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: K3H,K3F,K4H,K4F,K5,1-12

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

*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

	STUDENT 1 TUITION: $
	STUDENT 2 TUITION: $
	STUDENT 3 TUITION $
	STUDENT 4 TUITION: $

FAMILY TUITION SUBTOTAL $

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 + 43.00

ANNUAL TOTAL DUE $

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 determined by your school. I understand that Smart Tuition may contact me via email and telephone when payments are late and charge a follow up fee of $25.00. A $25.00 fee will apply for failed auto-debit and failed check.

PRIMARY BILL PAYER _____ DATE / /