

St. John's Lutheran School

12809 St. Rt. 736

Marysville, OH 43040

Please Enter Family Information:

2018-19

Parent/Guardian Name: _____

Parent/Guardian Name: _____

(Name of additional authorized Party—optional)

Street Address: _____ Apt. # _____

City: _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

E-mail Address _____

PAYMENT METHOD -

I/We agree to make all payments by the 9th of each month. (Mail, web, etc.)

I/We authorize St. John's Lutheran School to automatically debit my payments from the below provided account.

Please debit my: Checking (Please attach a **VOIDED** Check) Savings Credit Card

9 Digit Routing # _____ Bank Acct.

Please charge my Credit Card Number ___ AMEX ___ MASTERCARD ___ VISA ___ DISCOVER

Card Number _____ Exp. Date _____

(Please note credit card payments will be assessed a 3% convenience charge.)

Student Information-

Grade	Student's First and Last Name
_____	_____
_____	_____
_____	_____
_____	_____

Please Read and Sign-

I/We have read and agree to the terms and conditions of this document. I agree to pay the amount established by St. John's Lutheran School for the above student(s). 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, such action will result in a late fee.

Parent/Guardian Signature _____ Date _____