

UNIVERSAL SCHOOL OF BUFFALO
Registration for Academic Year
Tuition Payment Preference Form

Office use only
Reg. paid _____
Date _____
Method _____
Siblings _____
Start Date _____

This form is to be completed by the person to be billed for tuition & fees.

Instructions: Please complete appropriate areas, sign, and return with payment of \$100.00 by March 31st. If billing is to be split between two parties, please photocopy or request a second copy of this form. **Returning student's registration fees after the**

March 31st deadline will result in an additional \$35.00 late fee.

Student's Name (s) _____		
(Last)	(First)	(MI)
Student(s) Grade: _____	Number of children attending Universal School: _____	

Person responsible for payment of tuition _____		
(Last)	(First)	(MI)
Address _____	City _____	State _____ Zip _____
Telephone (H) _____	(W) _____	(Cell) _____

The payment option you selected last year will be the default option for the upcoming school year. **Complete the area below if your child has never attended Universal or if you wish to change your payment structure or method from last year.** Using the information from this notice, your tuition invoice will be generated and sent in the summer, which will confirm your start and end dates, and the amount due.

Please check all that apply:

- I wish to pay monthly, via the automatic withdrawal, starting August 1st for my first payment.
- I wish to pay in full **by July 30th** and receive the 5% Early Pay Discount.
- The responsible party has changed since last year. The new responsible party's information is listed above.

For, and in consideration of the enrollment of _____
(Student(s) Name)

in the Universal School, I have read the financial policy and hereby guarantee the payment of tuition per the selected payment schedule.

Signature: _____ (Person responsible for payment)
Date: _____

Form Continues on the Other Side. Please Turn Over.