

Enroll.blackbaud.school

0 2 8 0 9 2 3 1 8 0 8

2023 - 2024

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS (for email reminders for upcoming payments)

SELECT A PAYMENT METHOD

I agree to make payments by mail, web or telephone. I agree to the following due date:

Your school allows the following due date(s):
1, 10, 15, 25

I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided

Your school allows the following due date(s):
1, 10, 15, 25

PLEASE DEBIT MY:

CHECKING (PLEASE ATTACH A VOIDED CHECK) OR SAVINGS

9 DIGIT ROUTING NUMBER

BANK ACCOUNT NUMBER

Any Debit account linked to Blackbaud Tuition Management must be active and viable

SELECT A PAYMENT PLAN

Plan B Payment(s) 9 Aug - Apr
 Plan A Payment(s) 10 Aug - May
 Plan M Payment(s) 12 Aug - Jul

ENTER PLAN LETTER HERE

ENTER STUDENT INFORMATION

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

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 ID

<input type="text"/>	STUDENT TUITION 1	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 2	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 3	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	STUDENT TUITION 4	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FAMILY TUITION SUBTOTAL		\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 re-enroll me in the Blackbaud Tuition Management (BBTM) payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. 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, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of \$75.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

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 \$