

# POWERS CATHOLIC HIGH SCHOOL

## STUDENT REGISTRATION/TUITION OPTIONS

### 2024-2025

Students must be registered annually. This process involves the scheduling of classes and the payment of a **non-refundable** registration fee. The registration fee is **\$100 for the first student** and a maximum of **\$150 per family** for a school year. Please make check payable to **Powers Catholic High School**.

#### **STUDENT INFORMATION**

**STUDENT NAME (S)**

**GRADE FOR 2024-2025**

**2024-2025 variable tuition rate ranges**  
**between \$6525-\$10,625 based on each**  
**family's circumstances**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **PARENT INFORMATION**

*check box if parent info is to be used for billing, if not, please complete billing info*

**Parent Name:** \_\_\_\_\_

**Billing name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Billing address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Billing City/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Billing E-mail:** \_\_\_\_\_

**Home ph#:** \_\_\_\_\_ **Cell ph#** \_\_\_\_\_

**Billing Home ph#** \_\_\_\_\_ **Cell ph#** \_\_\_\_\_

**Catholic parish name:** \_\_\_\_\_  
 (must be registered to receive parishioner rate)

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#### **SELECT A PAYMENT METHOD**

**\*\*Tuition is paid over 12 months (June-May) unless you currently are on a customized payment plan**

- I intend to pay tuition in full by June 5, 2024 (**registration fee will be waived if you are paying in full**)
- I agree to make my payments on a monthly basis by the 5<sup>th</sup> of each month. (June-May)
- I authorize PCHS to automatically debit my payments on the 15<sup>th</sup> of each payment month (June-May) from the below

provided bank account:

**PLEASE DEBIT MY:**  **CHECKING** (please attach a voided check if possible) or  **SAVINGS**

**9 Digit Routing Number**

**Bank Account Number**

**\*\*\* In addition to tuition, all families are expected to support the annual Powers Catholic raffle and are responsible for the cost of allotted raffle tickets.**

***This form MUST be signed and dated by the financially responsible party***

**\*\* By signing below you are agreeing to all terms and conditions related to education expenses and tuition costs.**

Financially responsible parent/guardian signature

Date

\$ \_\_\_\_\_  
 Amount enclosed