



SAINT LEO THE GREAT CATHOLIC SCHOOL

Please return signed and completed contract to the School on or before August 5, 2019

This Agreement is made between the School of Saint Leo the Great (the "School") and the parent(s) and/or guardian(s), and the party financially responsible for this Agreement (if different from the parent(s) and/or guardian(s)). I acknowledge that I have read and accept the terms of the Tuition Contract and Contract of Financial Responsibility.

_____ Student's Last Name	_____ First Name	_____ Initial	_____ Grade
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_____ Student's Last Name	_____ First Name	_____ Initial	_____ Grade
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_____ Student's Last Name	_____ First Name	_____ Initial	_____ Grade
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Pastor, Church of Saint Leo the Great

Principal, School of Saint Leo the Great

Parent/Guardian (signature)

Parent/Guardian (signature)

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Address: _____

Address: _____

Financially Responsible Party (signature)
(if different from parent/guardian)

Financially Responsible Party (signature)
(if different from parent/guardian)

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Address: _____

Address: _____

