

St. Sebastian Church  
 5400 W. Washington Blvd.  
 Milwaukee, WI 53208  
 414-453-1061

**2010-2011 NON-PARISHIONER SCHOOL FAMILY FINANCIAL COMMITMENT**

In exchange for the education of my child/children at St. Sebastian School, I agree to pay to St. Sebastian Church:

**PLEASE INDICATE CHOICE 1 OR 2**

Payments may be paid in installments, beginning August 1, 2010 - ending May 1, 2011

**1) The Educational Service Fee** (indicate the appropriate fee below). If this payment method is selected, the program tuition and registration fees indicated on the Registration Checklist sheet must accompany this registration. Registration fees are payable to St. Sebastian School. The Education Service Fee indicated below is payable to St. Sebastian Congregation. Automatic electronic payments are available for your convenience.

			Number of Children		Amount
K4 ½ Day	\$1850	X	_____	=	_____
K5 ½ Day	\$1850	X	_____	=	_____
K5 Full Day	\$3700	X	_____	=	_____
Grades 1-8	\$3700	X	_____	=	_____

**(OR)**

**2) 5% of your household GROSS annual income.** This 5% payment is payable to St. Sebastian Congregation. The program tuition and registration fees indicated on the Registration Checklist sheet apply and are payable to St. Sebastian School. Automatic electronic payments are available for your convenience.

GROSS annual income of \$ \_\_\_\_\_ X .05 = \$ \_\_\_\_\_

**A COPY OF YOUR 2009 1040 TAX RETURN MUST BE SUBMITTED WITH THIS PLEDGE SHEET. A W-2 FORM IS NOT ACCEPTABLE.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent's Name \_\_\_\_\_

Telephone Home # \_\_\_\_\_ Alternate # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Child's First & Last Name \_\_\_\_\_ Grade in 2010-2011 school year \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____