



# John Carroll High School

## International Student Tuition & Fees Contract

### STUDENT INFORMATION:

Student Last Name:

First Name:

Date of Birth:

Nationality:

### PARENT INFORMATION:

Father/Mother Last Name:

First Name:

Billing Address:

City:

Country:

Zip Code:

Telephone:

Fax:

Email:

### TUITION & FEES:

Total Fees: US\$:39,500.00 (See fees schedule for details)

### SCHOOL ACCOUNT INFORMATION:

Wire Payments to: John Carroll High School, 3402 Delaware Avenue, Fort Pierce, Florida, USA 34947-6116

Receiving Bank Name – Seacoast National Bank, 815 Colorado Avenue, Stuart, Florida, USA 34994

Account #: 4137109471

Routing - ABA # 067005158

\*\*\*Please instruct the international sending bank to wire the funds through the bank's US Correspondent Bank with instructions to further credit Seacoast National Bank through the Federal Reserve.

**Please reference the name of the student the payment is for.**

\*If you select the VISA or MASTERCARD option, a 4% credit card processing fee will be added to the amount you charge on your credit card at processing time.

\*\*If you do not make payment in full 8 weeks before arrival, we will not be able to arrange your child's study at John Carroll.

**PLEASE NOTE: JOHN CARROLL'S REGISTRATION FORM, TUITION AND FEES CONTRACT, DIOCESAN MEDICATION FORM, IMMUNIZATION FORM, RECORDS RELEASE FORM AND POWER OF ATTORNEY FORM NEED TO BE RETURNED TO THE OFFICE BEFORE YOUR STUDENT WILL BE GIVEN HIS/HER CLASS SCHEDULE. ATHLETES ALSO NEED TO SUBMIT THE FHSAA MEDICAL HISTORY FORM AND THE ATHLETIC EMERGENCY FORM.**

By signing this document, I understand and agree to the payment of USD \$39,500.00. I understand and accept all of the policies of the Student Handbook (copy of the Student Handbook is available on the school website: [www.johncarrollhigh.com](http://www.johncarrollhigh.com)).

Parent/Guardian Signature

Date