

Permission Slip to Charge Tuition

School Year: _____

Charge Card Name: **Master Card** **Visa** **American Express**

Account #: _____

Expiration Date: _____

Exact Name on Account: _____

I understand by signing this permission slip that my child(ren)'s tuition will be charged to the charge card as specified above.

I also understand that I can have complete confidence that my account number will remain confidential.

Signature: _____

(as it appears on your account)

Date: _____

WE ACCEPT ONLY:

MASTER CARD

VISA

AMERICAN EXPRESS

Note: We charge a 2% fee for this service.

If you have any questions, please contact the School Office at 780-988-5433.