



OUR LADY OF SORROWS SCHOOL
1100 GUMWOOD AVE.
MCALLEN, TX 78501-4559
PHONE: (956) 686-3651 FAX: (956) 686-1996
www.olsschool.org

May 15, 2015

Dear OLSS Parents,

As we prepare for the upcoming school year we would like to inform you about our direct draft and credit card withdrawal for tuition and other school fees. If you previously have had direct draft or credit card withdrawal and would like to keep a monthly withdrawal for the upcoming school year, we will need a **new** form filled out for the **2015-2016 school year**. The June draft is the last payment that will be taken from your account. As soon as a new form is turned into the business office, withdrawals will resume.

The remaining payments are due on the 1st of each month. If not paid by the 15th of the month, you will be charged a late fee of \$20.00. Non-sufficient funds/checks are charged a fee of \$35.00. Please fill out the form in its entirety, informing us exactly what you would like withdrawn from your account. Please submit one of the forms attached to this letter as soon as possible to begin withdrawals in June for the 12 month schedule or in August for the 10 month schedule.

Please note the tuition increase for the 2015-2016 academic year. Tuition amounts are as follows:

U.S Resident

NON-U.S. Resident

PK-Kinder	Annual	12 Month	10 Month	PK-Kinder	Annual	12 Month	10 Month
1 st & 2 nd Child	\$5400.00	\$450.00	\$540.00	1 st & 2 nd Child	\$5520.00	\$460.00	\$552.00
3 rd + Child*	\$4860.00	\$405.00	\$486.00	3 rd + Child*	\$4968.00	\$414.00	\$496.80
1st-8th grade				1st-8th grade			
1 st & 2 nd Child	\$5100.00	\$425.00	\$510.00	1 st & 2 nd Child	\$5340.00	\$445.00	\$534.00
3 rd + Child*	\$4590.00	\$382.50	\$459.00	3 rd + Child*	\$4806.00	\$400.50	\$480.60

Lunches: Lunches for PK to 2nd grade are \$55.00 for 20 meals (\$2.75/meal). Lunches for 3rd to 8th Grade are \$65.00 for 20 meals (\$3.25/meal).

After School Care: The After School Program has a flat rate, regardless of pick-up time and is paid August through May. Registration for this program is in August.

3:00-5:30 p.m. \$100.00 per month, per child

A fee of \$10.00 will be charged for every 5 minutes past the 5:30 p.m. closing.

Yearbook: Pre-order of 2015-2016 yearbooks will be \$40 each. Please state the number of yearbooks you would like withdrawn from your account. Payment will be taken out in September withdrawal.

Fundraisers: There are two mandatory fundraisers: Fall Raffle of \$200.00 (payment will be taken out in October withdrawal) and Spring Car Raffle of \$200.00 (payment will be taken out in April withdrawal.) If the tickets are not paid for and returned by the due date, there will be a late fee charge of \$20.00.

Registration: Registration for the following school year will be \$200, payment will be taken out once the registration packet is completed and turned in to our office. This fee is used for books and materials.

Also, just to remind you that credit card withdrawals have a \$3.00 service charge per transaction. Direct Draft has no additional fees. Please complete **one** of the attached forms and return it to the Business Office. If you have any questions, please contact the school, (956)686-3651.

We thank you for your valued account.

Respectfully yours,

Business Office Staff



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**CREDIT CARD AUTHORIZATION FORM
 YEAR 2015-2016**

DEDUCTION OF MONTHLY TUITION AND MEAL PAYMENTS

I, _____, give Our Lady of Sorrows School authorization to deduct monthly tuition and meal payments from the following credit card.

Tuition Amount: \$ _____ Yearbook(September \$40) _____
 Meal Amount: \$ _____ Fall Raffle (October \$200) _____
 After School Care (\$100): _____ Spring Raffle (April \$200) _____
 Transaction Fee: \$ 3.00 Registration*(2016-2017 \$200) _____

Special Instructions:

*Registration Fee will be taken out once registration packet is completed and turned in.

Monthly: _____ 1st of the Month
 _____ 5th of the Month
 _____ 15th of the Month

Date drafts are to begin: _____
 Month Year

Credit Card Type:	VISA _____	Master Card _____	Discover _____
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Please Print

Student Name(s): _____

Name on Card: _____

Billing Address: _____
 Address City State Zipcode

Primary Contact Number: _____ Secondary Contact Number: _____

Credit Card Number: _____

Expiration Date: _____ V Code: _____

Authorization Signature _____ Date _____

RETURN TO BUSINESS OFFICE

