



HOLY GHOST CATHOLIC CHURCH

5219 South 53rd Street
Omaha, Nebraska 68117
Phone: (402)731-3176
Fax (402) 738-1409

Dear School Parent,

For the new school year (August 2011 - May 2012), a family that does not meet the definition of "active and supporting" will be charged the out-of-parish tuition rates for children attending Holy Ghost Catholic School. A family is considered to be "active and supporting" by meeting the following requirements:

- 1 Parish registration form on file with the parish business office
- 2 Regular Sunday donations using parish envelopes
- 3 Participation in and support of parish and school volunteer efforts

With the cost of educating a child significantly higher than the tuition rate assessed, it falls to the parish to provide a sizable subsidy to the school's operations. The advantages received by your child at Holy Ghost are numerous and our students consistently receive high aggregate scores in standardized testing. In short, a Holy Ghost education will provide your child with a substantial and long-lasting return on your monetary investment.

The vibrant spirit of Holy Ghost Parish is greatly improved by the success of the school and by its connection with the neighborhood community. We are committed to maintaining this success by strengthening the financial position of the parish.

Automatic Tuition Information

It will be mandatory that every family have bank account information on file for automatic withdrawal for tuition. (If not we will need a statement from you as to why the automatic withdrawal will not work and your information will be reviewed.) The only exceptions will be: pay tuition in full at registration or pay 1/2 at registration and the second 1/2 in full at the beginning of the 2nd semester. If you have not completed the form, please complete the one below and return to the parish business office as soon as possible.

Electronic Funds Transfer Authorization

I here authorize Holy Ghost Catholic Church to establish monthly automatic payments from my:

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

Bank Account number _____ and Routing number _____

(Please attach a voided check from the account or deposit slip from savings account)

Please debit my account the

___ 1st or ___ 15th

___ 9 month or ___ 12 month

In the amount of \$ _____ per month.

(Yearly tuition divided by twelve months or nine month)

A fee of \$4.50 will incur when funds are not in your account and a charge of \$1.00 to retry (the system will only retry 2 times to withdraw funds). These charges will be your responsibility. You will be contacted by the Parish office when this situation occurs.

Signature: _____ Date: _____

Thank you for your co-operation on this procedure. Any questions, please call the parish business office.

Sincerely,

Rev. Gregory Benkowski, Pastor

Ms. Dana Martin, Principal

Roger Scheiding, Finance Director