



HOLY NAME CATHOLIC SCHOOL
 121 South Connor St.
 Sheridan, WY 82801
 307-672-2021 | www.hncswy.org

2026-2027 TUITION COMMITMENT FORM

FOR OFFICE USE ONLY:

REGISTRATION FEE PAID ____/____/____

FEE \$200.00 Cash CC Check # _____

TODAY'S DATE: _____

FAMILY INFORMATION

Father's Name: _____ Phone No.: _____

Mother's Name: _____ Phone No.: _____

Mailing Address: _____

City _____ State _____ ZIP _____

Person Responsible for Tuition Payments: Father Mother Other; specify _____

STUDENT INFORMATION

First Name	Last Name	Date of Birth	Grade for 2026-2027
1.			
2.			
3.			
4.			
5.			

TUITION PAYMENT PLAN INFORMATION (select one)

<p>OPTION 1</p> <p><input type="checkbox"/> Automatic Bank Withdrawal Circle one: 5th or 20th of the month begins August and ends May</p>	<p>OPTION 2</p> <p><input type="checkbox"/> Pay over 10-months Credit Card Payment Withdrawal Date: _____</p>	<p>OPTION 3</p> <p><input type="checkbox"/> Pay entire amount due by September 5, 2026</p>
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IN THE EVENT THAT HOLY NAME RECEIVES NON-SUFFICIENT FUNDS (NSF) PAYMENTS BY ACH OR RETURNED CHECK, YOU WILL BE RESPONSIBLE FOR BANK FEES AND LIABLE TO MAKE PAYMENTS BY CASH OR MONEY ORDER.

1. AUTOMATIC BANK WITHDRAWAL INFORMATION

Bank/Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Please indicate (circle) whether the account is a **CHECKING** or **SAVINGS** account

I authorize Holy Name Catholic School and the financial institution listed above to initiate electronic entry to my account each month. This authority will remain in effect until approved annual tuition is paid in full. I understand that Holy Name Catholic School may initiate a reversal of any entry made under this agreement if an error has been made.

TUITION PAYMENT PLAN INFORMATION (continued)

2. CREDIT CARD INFORMATION:

Name on Credit Card: _____

Account Number: _____

Expiration Date: _____ CVV: _____ Zip code: _____

I authorize Holy Name Catholic School and the financial institution listed above to initiate a charge to my account each month. This authority will remain in effect until approved annual tuition is paid in full. I understand that Holy Name Catholic School may initiate a reversal of any entry made under this agreement if an error has been made.

Signature: _____ Date: _____

TUITION PAYMENT CALCULATION

	TOTAL AMOUNT
The total cost to educate each student is \$17,500. HNCS is able to offer a highly reduced tuition rate, due to the many generous contributions from Holy Name Church, founda-	
Catholic K-5 student: 1st child <input type="checkbox"/> \$4,500 2nd child <input type="checkbox"/> \$3,600 3rd child <input type="checkbox"/> \$2,250	
Non-Catholic K-5 student: 1st child <input type="checkbox"/> \$5,500 2nd child <input type="checkbox"/> \$4,400	
Pre-K student Full-Time—\$6,300	
Pre-K student Part-Time—\$48/day	
Part-Time days requested (select a minimum of 2) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F Tuition will be charged each week for the number of days selected, for all weeks the Pre-K is open. Tuition will be due even if the student does not attend.	
SUB-TOTAL BEFORE DEDUCTION	
ESA Steamboat Legacy Grant	less
Tuition Assistance Granted (if applicable)	less
ACE Grant	less
DFS	
TOTAL TUITION DUE FOR 2026-2027 SCHOOL YEAR	

ADDITIONAL INSTRUCTIONS:

TUITION COMMITMENT AGREEMENT & SIGNATURES

I have read and understand the contents of this Tuition Commitment Form. I agree to all tuition obligations as has been calculated on this form.

Signature of Responsible Party: _____ Date: _____

Signature of Responsible Party: _____ Date: _____