



2547 Hebert Road, West Kelowna, BC V4T 2J6

www.olol-bc.com ololoffice@cisnd.ca

Phone: (250) 768-9008 Fax: (250) 768-0168

Learning with Faith and Love

REGISTRATION PACKAGE

2017-2018

intentionally blank page

REGISTRATION PACKAGE

To register, please complete all the necessary forms with appropriate data, documents, and registration fee and return to the school office for processing. More information regarding Our Lady of Lourdes Elementary School can be found on our website www.olol-bc.com.

Documentation to submit with registration (Office will make photocopies if needed)

- | | | |
|--|---|---------------|
| <input type="checkbox"/> Student's Birth Certificate | <input type="checkbox"/> Parent's Birth Certificate | |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Student's BC Care Card | |
| <input type="checkbox"/> Baptism Certificate | Date of Baptism: _____ | Church: _____ |
| <input type="checkbox"/> First Communion Certificate | Date of First Communion: _____ | Church: _____ |

Forms to be completed and submitted

Page #

<input type="checkbox"/> FORM A – REGISTRATION FORM	3
<input type="checkbox"/> FORM B – CONSENT TO DISCLOSURE OF PERSONAL INFORMATION	4
<input type="checkbox"/> FORM C – CONSENT FOR FAMILY INFORMATION IN SCHOOL DIRECTORY	4
<input type="checkbox"/> FORM D – FAMILY STATEMENT OF COMMITMENT	5
<input type="checkbox"/> FORM E – FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.....	6
<input type="checkbox"/> FORM F – PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL.....	7
<input type="checkbox"/> FORM G – CAR SEAT/BOOSTER SEAT REGULATIONS	7
<input type="checkbox"/> FORM H – STUDENT MEDICAL INFORMATION	8
<input type="checkbox"/> FORM I – STUDENT LEARNING NEEDS	8
<input type="checkbox"/> LEGAL RESIDENCY OF PARENT FORM.....	9
<input type="checkbox"/> VOLUNTEER REGISTRATION FORM.....	13
<input type="checkbox"/> PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR TUITION.....	14
<input type="checkbox"/> 2016-16 DONATION FORM	15

Tuition Fees Depending on how you select tuition to be paid, you will submit one of three options:

- 1) VOID Cheque **AND** PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR TUITION FORM (pg14)
- OR** 2) Cheque for first month dated July 1st, plus two lump sum payments (first dated before Sept 30, second dated before Jan 31)
- OR** 3) Cheque for first month dated July 1st, plus nine postdated cheques for the first of each month (Oct to Jun)

Fees to be sent in with registration

- \$25 Registration Fee (One-time Fee for each Family – not needed if paid in any previous year)
- \$40 X ___ Children: Student Activity Fee (for each child)
- \$10 X ___ Children: Agenda Fee (for each child in Grade one to seven)

Instructions

- School Uniform Purchase Instructions.....10
- Tuition Fees

Our parents enjoy the convenience of **Gateway Learning Centre** offering onsite Out-of-School Care and Preschool programs. The Centre can be contacted by calling 250-768-3614.



FORM A – REGISTRATION FORM

STUDENT INFORMATION

Student #1 Legal Last Name	Legal First & Middle	Preferred Name	Grade in Sept	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Former School	Birthdate (MMM-DD-YYYY)	Birth Place		Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No

MAILING ADDRESS

Mailing Name	Home Phone Number	Language at Home
Address	City, Province	Postal Code

PARENT/GUARDIAN INFORMATION

Mother's Name	Workplace	Work Phone
Address (if different from above)		
Email	Occupation	Cell Phone

Father's Name	Workplace	Work Phone
Address (if different from above)		
Email	Occupation	Cell Phone

Is there legal restriction to access? Y / N_____ If YES, please provide custody agreement.

EMERGENCY CONTACT INFORMATION (in addition to parents/guardians)

Name	Relationship to Child	Phone	Cell Phone
------	-----------------------	-------	------------

SIBLINGS (not yet attending elementary school)

Name	Birth Year	Name	Birth Year
------	------------	------	------------

IF APPLYING FOR THE PRACTICING CATHOLIC TUITION RATE

Parish where Registered	Envelope #
-------------------------	------------

I hereby certify that the above information is complete and correct.

Parent/Guardian's Signature: _____ Date: _____

FORM B – CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

I consent to having the Catholic Independent Schools of the Nelson Diocese (CISND) collect personal information that may include the following: student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of CISND (1) for the purpose of establishing, maintaining, and ending the student's or parent's relationship with CISND, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in CISND's Personal Information Privacy Policy, a copy of which is available on the CISND website at www.cisnd.ca. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of CISND.

This information is required in order to register your child at this school and assist the school authority (CISND) in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for the school is the principal, who may be reached at 250-768-9008 during hours of operation.

Parent/Guardian Name (please print) _____

Parent/Guardian's Signature: _____ Date: _____

CISND ACKNOWLEDGEMENT FOR THE RELEASE AND STORAGE OF PARENT PERSONAL INFORMATION

The CISND acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision, and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Principal: Kathryn Grootjes School Phone: 250-768-9008

FORM C – CONSENT FOR FAMILY INFORMATION IN SCHOOL DIRECTORY

The school may prepare a Family Contact Directory.

Please indicate:

I consent to having the following information placed in the family directory:

- Parent and Student Names Yes No
- Home Phone Number Yes No
- Home Address Yes No
- Parent Email Address Yes No

Parent/Guardian's Signature: _____ Date: _____

FORM D – FAMILY STATEMENT OF COMMITMENT

Philosophy

"Motivated by a Christ-centered vision of humanity and human history, our school promotes the formation of the whole person. Such formation embraces not only intellectual, but also physical, emotional, moral, and spiritual dimensions of human growth. Intellect, emotions, creative ability, and cultural heritage have a place in the life of the school. Human knowledge and skills are recognized as precious in themselves, but find their deepest meaning in God's plan for creation."

From PHILOSOPHY OF EDUCATION FOR CATHOLIC SCHOOLS IN THE PROVINCE OF B.C. by Catholic Bishops of B.C.

Partners (home, school, parish) in Catholic Education must work together to provide an environment where faith and learning go hand in hand leading the young people to be the best they can be.

The following statements support the goals and philosophy of our Catholic school and need to be accepted and supported by all members of the school community. Read them carefully. They ask you to make a commitment to the values and ideals of our school. If you have any questions or concerns regarding this commitment form, please bring them to the Principal, Pastor, or Chairperson of the Education Committee, who will gladly discuss them with you.

By returning the signed statement, you accept the responsibility of this commitment. The commitment is a requirement of your child's enrolment at our school.

1. Parents and guardians agree that they and their families are expected to exhibit conduct consistent with Catholic denominational standards. The determination of whether any conduct contravenes these standards is the right of the Board of Directors of the Catholic Independent Schools Nelson Diocese (CISND).
2. All students are required to participate in our religious education curricular and co-curricular programs including liturgical celebrations (excluding receiving the Sacraments for non-Catholic children), retreats, prayer, etc.
3. Parents/Guardians are expected to support the Religious Education Program and to participate in it as required.
4. Regular school attendance and full participation in all aspects of the academic program of the school are required of every student. Each student is expected to strive toward the development of his or her full academic potential.
5. Each student is expected to support and participate in the fund-raising activities of the school. This means each family shares in the responsibility of educating our children.
6. Each student is expected to know and follow school policies on behavior.
7. Parents/Guardians are to know and support school and Diocesan policy and procedures.
8. Parents/Guardians agree to accept the responsibility for the cost of tuition, supplies and other school activities.

If any of these conditions are not met, the school reserves the right to:

- a. refuse admission; or
- b. remove the students from the school.

I have read and understood the "Family Statement of Commitment" and I hereby accept them as stated.

Parent/Guardian Name (please print) _____

Parent/Guardian's Signature: _____ Date: _____



FORM E – THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Student's FULL NAME: _____

The Freedom of Information and Protection of Privacy legislation came into effect in the fall of 1994. Personal Information Privacy Policy for Catholic Independent Schools Nelson Diocese (CISND) was revised in April 2013. Copies are available in the office. To ensure that we are complying with the legislation, we ask that you read the following information carefully.

1. There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities. The school will normally make your name, home address and phone number, as well as the child's name and grade available to school council personnel and the PSG. Your personal information will not be disclosed to anyone for business or commercial purposes. Please sign the statement below to indicate your wishes.

- Yes, I permit the release of my personal information for purposes consistent with the above.
 No, I do not permit the release of my personal information for purposes consistent with the above.

Parent/Guardian's Signature: _____ Date: _____

2. It is a tradition in our school to allow staff, parents and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the school. While photographs add to the community life of our school, they are not required for education purposes. Students' names, photographs and comments may be published in the school newsletter, yearbook and, on occasion, the school's annual report, or in the news media. Please sign the statement below to indicate your wishes.

- Yes, I permit my child to be involved in such coverage, consistent with the above.
 No, I do not permit my child to be involved in such coverage, consistent with the above.

Parent/Guardian's Signature: _____ Date: _____

3. On our website, www.olol-bc.com we post the school newsletter and pictures of our students. The CISND may also post pictures and/or names from time to time. Please sign the statement below to indicate your wishes.

- Yes I/ No I do not: permit my child's name to be allowed on the school/CISND website.
 Yes I/ No I do not: permit my child's picture to be allowed on the school/CISND website.
 Yes I/ No I do not: permit my child's picture and name together on the school/CISND website.

Parent/Guardian's Signature: _____ Date: _____

4. Parent Personal Information

I acknowledge that my vehicle insurance information and driving record are required by the school to protect against third party liability claims in case of an accident, should I use my vehicle to drive for the school. I understand that this information will only be released in the event of an accident.

Parent/Guardian Name (please print) _____

Parent/Guardian's Signature: _____ Date: _____



FORM F – PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL

Curricular and extra-curricular field trips are provided by the school as a part of the program to enrich the course of studies through observation of “real world” situations, or as a logical extension of the classroom program. Care is taken to ensure that field trips are carried out in a safe manner by requiring the use of duly authorized drivers as a means of transportation. Parents will be informed in advance of any field trips that are planned during the year.

The purpose of this form is to request your parental authorization for your child to participate in the local (not overnight) field trips that are planned for your child while they are a student at Our Lady of Lourdes Elementary School.

Also these are the guidelines for field trips for Children to AGE 9 or 145cm (4’9”):

- ALL students who have **not yet reached 40 pounds, under 4’9”**, and **not yet 9 years old**, must be in a car seat/booster seat when travelling to and from field trips with OLOL School.
- Parents are responsible for providing a car seat/booster seat for their child if they are within the recommended guidelines the day of the field trip.
- If no car seat/booster seat is provided and your child is not yet 40 pounds, under 4’9” and not yet 9 years old, he or she will not be able to participate in the field trip.

No student will be allowed to attend a field trip without the written consent of the parent/guardian. To have your child included in the local field trips that are planned, please complete the form below.

Consent is hereby given for _____ to participate
Name of Student
in the local field trips planned for him/her during their time at Our Lady of Lourdes Elementary School.

I understand that all the requirements of the School Code of Conduct will apply while students are on field trips and that any field trip will be planned according to Our Lady of Lourdes Elementary School Council Policy.

Parent/Guardian’s Signature: _____ Date: _____

FORM G – CAR SEAT/BOOSTER SEAT REGULATIONS

My child, _____, does/ does not require a car seat/booster seat under the above regulations.

Parent/Guardian Name (please print) _____

Parent/Guardian’s Signature: _____ Date: _____



FORM H – STUDENT MEDICAL INFORMATION FORM

Student Name: _____ Parent Signature: _____

Dr.'s Name: _____ Dr's Phone #: _____

Care Card #: _____

My child has:

- an emergency medical condition (an additional “Emergency Medical Plan” must be filled out)
- a non-emergency medical condition
- a health condition that should be brought to the attention of the school
- no known medical conditions

Emergency Conditions:

- Diabetes
- Epilepsy
- Heart Disease
- Hemophilia
- Seizures
- Severe Asthma
- Severe Allergies to _____
 - Extreme difficulty breathing
 - Uncontrollable coughing
 - Wheezing not relieved with medication
- Causing symptoms such as:
 - Swelling (esp. eyes, lips, face & tongue)
 - Throat tightness/ closing
 - Fainting/ loss of consciousness
 - Specify others _____
- Other, Please specify: _____

Non-Emergency Conditions:

- Mild allergies (controlled with medication)
- Mild Asthma (controlled with medication)
- Depression (controlled with medication)
- Narcolepsy
- Lupus
- Anorexia
- Hearing impaired
- Visual impaired
- Migraine headache
- Cancer
- Autism Spectrum Disorder
- Focussing/ attention condition (treated with medication)
- Hyperactive attention condition (treated with medication)
- Schizophrenia
- Aggressive condition
- Specify others: _____

Does your child take medication? Yes No

If yes, the name of the medication is: _____

Does your child administer it themselves? Yes No

If no, a “Request for Administration of Medication at School” form must be completed if staff are required to administer medication this form must be completed every September. Please pick up from the office.

Other medical information you feel the school should be aware of: _____

FORM I – STUDENT LEARNING NEEDS INFORMATION FORM

- received one on one instruction
- received Learning Assistance
- will need Learning Assistance

Please explain: _____





LEGAL RESIDENCY OF PARENT – FORM A

(if parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach a copy of court order appointing you as legal guardian.

(Lawfully admitted into Canada)

1. I am (please X one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Other - document description: (must be cleared with Immigration Canada) _____

(Residency in British Columbia)

2. I am a resident of British Columbia (please X one):

Yes Residency address: _____

No I am not a resident of British Columbia

Confirming signature:

3. Parent's/legal guardian's name: _____

Parent's/legal guardian's signature: _____

Date: _____

SCHOOL UNIFORM PURCHASE INSTRUCTIONS

It is the parent/guardian's responsibility to ensure that their child(ren) attend school in the required uniform that is clean, properly hemmed, in good repair and labeled with the child's name. When students are not in proper uniform they will be given a letter by the classroom teacher to be taken home and signed by their parent/guardian. **By helping students respect their uniform, we help them respect themselves. Thank you!**

- **Students are required to be in full uniform for the first day of school.**

Uniform purchases are made through Cambridge Uniforms.

Orders may be made online at www.cambridgeuniforms.com using code **OLO135**

GIRLS UNIFORM

Select from:

K-3 only: Navy Blue Tunic

4-7 only: Tartan Kilt

Navy Skirt

All Girls:

Navy Skort

Navy Pull-up Pant

Navy Boot Cut Pant

Navy Dress Shorts

Dress Shirt, Short Sleeve

Dress Shirt, Long Sleeve

Golf Shirt, Short Sleeve

Golf Shirt, Long Sleeve

Crested Cardigan

Crested Vest

Plain Navy/Black/White Knee Socks

Plain Navy/Black Footed Tights

One crested item is required

BOYS UNIFORM

Select from:

Navy Pull-up Pant

Navy Dress Pant

Navy Dress Shorts

Dress Shirt, Short Sleeve

Dress Shirt, Long Sleeve

Golf Shirt, Short Sleeve

Golf Shirt, Long Sleeve

*Crested Cardigan

*Crested Vest

Navy/White Calf-length Socks

One crested item is required

OPTIONAL ITEMS

50 - Iron-on Labels

Knapsack - Black

Rolling Knapsack – Gray/Black

Hair Accessories

- *It is a requirement that students own at least one crested garment to be worn on special event/mass days.*
- *Navy items MUST be purchased through Cambridge. Items from elsewhere are not accepted as uniform.*
- *Dress shirts, turtlenecks, and golf shirts can be purchased elsewhere as long as they are plain with no lace, peter pan collars, logos or insignias.*
- *It is not mandatory that each family purchase every item listed above. These are options that are available to you so that you can find the one best suited for your child's needs. If you need any assistance please contact the office.*
- ***Hems:** Please ensure pants and skirts are hemmed properly. Maximum length for skirts and tunics is **just below the kneecap**. Minimum length is **2 inches above the kneecap**.*
- ***Socks/Tights:** Plain white, navy, or black. Only knee socks (girls) or calf socks (boys), please. Girls tights must be one piece footed tights (no leggings).*

Shoes

To preserve the cleanliness of our school, students are asked to bring a separate pair of shoes for use within the school. **Shoes must be non-marking, and ALL either black or navy in color, with black laces. No colored soles, please.** If black or navy gym runners are used, they may also serve as indoor shoes.

Gym Strip Uniform

Students in Grades 4-7 must also have a Gym Strip uniform.

Gym Strip can be purchased through the Uniform Committee at the school.



2017-2018 TUITION FEES

As an Independent Group 1 School in British Columbia, Our Lady of Lourdes Elementary School receives only 50% funding of the per student operating costs of the local public school district from the British Columbia Government. Our Lady of Lourdes Elementary School also does not receive any provincial government funding for capital expenses. **Tuition**, along with Parish subsidy, donations, and fundraising, are required to make up the shortfall for the operating and capital costs of the school.

Regular Monthly Tuition (for 10 months)

One Child attending OLOL (K-7)	\$350
Two Children attending (K-7)	\$445
Three or more attending (K-7)	\$515

Discounted Monthly Tuition for families who support a Catholic Parish

Our Lady of Lourdes Catholic Church provides Our Lady of Lourdes Elementary School with a subsidy every year allowing us to offer a discount to Catholic families. The following reduced tuition rate is for families who are practicing members and contribute financially to a Catholic Parish.

One Child attending OLOL (K-7)	\$290
Two Children attending (K-7)	\$370
Three or more attending (K-7)	\$420

Families who have children attending Immaculata Regional High School

Please contact the school office for tuition structure of families who have children attending both Immaculata Regional High School and Our Lady of Lourdes Elementary School.

Tuition is payable by the following methods:

1. Pre-authorized payment for monthly withdrawals for 10 months (one for July 1st, and 9 from October 1st through to June 1st of the school year.) VOID cheque required.
2. One month's tuition by July 1st, then two semi-annual payments, one by Sept 30th and the other by Jan 31st.
3. Ten post-dated cheques, one for July 1st, and 9 from October 1st through to June 1st of the school year.

***Student Activity Fee** is payable separately from tuition. This fee covers the cost of field trips, school and classroom events, and Agenda books. **Gr. 1-7 fee = \$50. Kindergarten fee= \$40.00**

Please submit one of the above methods of payment along with the student activity fees with your child(ren)'s registration.

VOLUNTEER PROGRAM

Dear Parents,

OLOL tuition fees are some of the lowest in the province. In order to keep it that way we rely on the volunteer support of our families to enable the school's continued operation. Certain fundraising activities, Black Tie and Trivia Night in particular, provide operating funds that are critical to the running of our school. These events require everyone's help to succeed.

A tuition rebate is offered at \$10 per hour of volunteered time to the maximum of \$150. Any type of volunteer hours qualifies for the rebate, but we hope to encourage people to assist with those activities that result in raising funds, which are absolutely vital to the basic operation of our school.

In order to ensure enough volunteers

Families are asked to sign up for volunteer time for Black Tie and Trivia Night at the beginning of the school year. The attached form asks how you will volunteer.

We ask that you complete and return it to the school with your re-registration.

Volunteering for these events is a lot of fun and gives you the chance to meet and get to know other parents within the school. There are many different jobs available that can be done during the day, or evening in the months before, or on the weekend or the night of each event. It's very satisfying to be an active contributor to the school and see the results every day in the development of your children.

We need your help to make sure OLOL continues to be the best school in BC. We are looking forward to working with you and getting to know you better!

Sincerely
Our Lady of Lourdes School Council

VOLUNTEER REGISTRATION FORM

Family Name: _____

Telephone _____

Availability (Circle all that apply) Weekdays Evenings Weekends Event Night

Volunteer Activity:

Please check off all of the areas that you would be interested in helping out with. A representative will contact you to make arrangements for you to get involved!

Black Tie		Trivia Night	
Activity/Task		Activity/Task	
Decorating		Volunteer Coordination/Contact	
Kitchen Help		Kitchen Help	
Set Up		Set Up	
Clean Up		Clean Up	
Bartending/Selling Tickets		Bartending	
Donation Team		50/50 Tickets	
Auction Preparation		Coordinator of Dinner arrangements	
Volunteer Coordination/Contact		Getting Beverages and license	
50/50 Tickets			

Please indicate if you are interested in being a part of the;

School Council YES _____ NO _____ MAYBE _____

Parent Support Group Executive YES _____ NO _____ MAYBE _____

Pre-Authorized Debit Agreement for 2017/18

OUR LADY OF LOURDES ELEMENTARY SCHOOL

2547 Hebert Road, West Kelowna, BC V4T 2J6

Phone: 250-768-9008 • Fax: 250-768-0168

Payor (Parent) Name: _____

Account Information

My account information is the same as the previous school year. (Void cheque not necessary.)

New authorization. My account information is not on file.

My account information has changed.

Attach void cheque here

Pre-Authorized Debit Details

I, the Payor, authorize *Our Lady of Lourdes Elementary School*, and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for tuition payments and/or any other outstanding amounts due from time to time. I understand that the *Roman Catholic Bishop of Nelson* will administer this PAD Agreement. These services are for personal use.

Regular monthly payments for the full amount of tuition expenses will be debited to (i.e. withdrawn from) my specified account on or about the first day of the months of July, October through December 2017, and January through June 2018.

I may revoke my authorization at any time subject to providing at least 30 days written notice. To obtain a sample cancellation form or more information on my right to cancel a PAD agreement, I will contact my financial institution or visit www.cdnpay.ca.

Signature

Signature of Account Holder:

Name (print): _____

Date: _____

Signature of Joint Account Holder (if applicable):

Name (print): _____

Date: _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on the Payor's recourse rights, I may contact my financial institution or visit www.cdnpay.ca.



2016-2017 DONATION FORM

Our Lady of Lourdes Elementary School graciously accepts donations from individuals and families. If you are interested in making a donation, please indicate below. All donations are tax deductible. You may attach a post-dated cheque or indicate a donation to be withdrawn monthly on your pre-authorized debit form.

Name: _____

Donation Amount: \$ _____

Method of payment: Cash Cheque

OR

Monthly pre-authorized withdrawal (Fill out Payor's Authorization For Pre-Authorized Debits For Tuition Form)

