LANCASTER MENNONITE SCHOOL Tuition Payment Plans 2017-2018

Please complete all three sections of the form and return immediately to: LMS Business Office Attention: Erma Shultz 2176 Lincoln Highway East Lancaster, PA 17602 shultzej@lancastermennonite.org

PART I – Please print

Parent/Guardian (full name)	Address	Address		phone	Work phone	
Parent/Guardian (full name)	Address		Home/Cell	phone	Work phone	
Student Name		Birth Date		Grade E	ntering	
Student Name	me Birth Date			Grade Entering		
Student Name	I	Birth Date		Grade E	ntering	
Student Name					ntering	
PART II – Payment Plan Options A. Pay in full by June 10 _			******	*****	*****	
		Choose your date	e of withdra	wal:		
B. Monthly AutoPay from Ju	ine 2017 to May 2018	10 th of the	month _	:	25 th of the month	
Bank Information (MUST be o	completed for AutoPay option)	1				
Bank Name		Account	type:	Checking	Savings	
Bank routing number (ABA#)	Bank account numbe	r		Bank pho	ne number	
 C. Personal Check – due the (Coupon book will be mailed) (2 D. Credit Card – due the 10^o Please contact the business office www.lancastermennonite.org. 	\$156.00 annual service fee, p i th of the month from June a ce to authorize a credit card p	er student, will be 2017 to May 201 ayment or use the	applied to yo 8			
PART III – Parent/Guardian Sign	**************************************	*****	*****	*****	****	
Parent/Guardian		Date				
Parent/Guardian		Date				
	t the Business Office at 71			ons.		

Erma Shultz – Student Billing – **717-740-2433** Diane Brubaker – Financial Aid – **717-740-2431** Lorri **Hengst** – Director of **Business** Services – **717-740-2423**