



SALISBURY

CHRISTIAN SCHOOL

2021-2022 Annual Family Enrollment Fee Payment Form

This form must be printed and returned to the Business Office by March 12, 2021.

Student Name: _____ NEXT YEAR Grade Level: _____

Student Name: _____ NEXT YEAR Grade Level: _____

Student Name: _____ NEXT YEAR Grade Level: _____

Select Method of Payment:

- CHECK:** Check in the amount of \$150, payable to SCS, must be attached to this form.

(Check # _____)

OR

- DRAFT:** I authorize Salisbury Christian School to draft the non-refundable \$150 Annual Family Enrollment Fee from my checking/savings account. I understand that this amount will be drafted on March 25, 2021. *(A Direct Payment Authorization Form must already be on file in the Business Office in order to select this option.)*

Printed Name

Signature

Date