



**SMART TUITION**  
Financial Solutions for Schools and Parents™

THE NEW ACADEMY INC - 11293  
436 OAKDALE STREET  
WINDERMERE, FL 34786



**PLEASE ENTER FAMILY INFORMATION**

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER												LAST NAME OF PARENT/GUARDIAN/BILL PAYER												2012-2013			
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)												*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)															
STREET ADDRESS OR P.O. BOX																APT #											
CITY												STATE				ZIP CODE											
HOME TELEPHONE NUMBER						MOBILE TELEPHONE NUMBER																					
EMAIL ADDRESS (SMART EMAILS REMINDERS FOR UPCOMING PAYMENTS)																											

**SELECT A PAYMENT METHOD**

I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date:  1 Your school allows the following debit dates (choose one):

PLEASE DEBIT MY:  CHECKING (PLEASE ATTACH A VOIDED CHECK) OR  SAVINGS

9 DIGIT ROUTING NUMBER:  BANK ACCOUNT NUMBER:

PLEASE CHARGE MY:  AMEX  DISCOVER  MASTERCARD

CREDIT CARD NUMBER:  EXPIRATION DATE:

2.5% convenience fees apply to all credit card payments. Smart Tuition does not accept Visa

**SELECT A PAYMENT PLAN**

Plan A 11 Payments Jul-May

ENTER PLAN LETTER HERE:

**ENTER STUDENT INFORMATION**

Choose from the following grades: 1 thru 8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**FOR SCHOOL OFFICE USE ONLY**

THIS FAMILY IS ENROLLING LATE:  
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN  
 COLLECT BALANCE IN FIRST MONTH

OPTIONAL STUDENT IDS:

<input type="text"/>	STUDENT 1 TUITION	\$	<input type="text"/>
<input type="text"/>	STUDENT 2 TUITION	\$	<input type="text"/>
<input type="text"/>	STUDENT 3 TUITION	\$	<input type="text"/>
<input type="text"/>	STUDENT 4 TUITION	\$	<input type="text"/>
FAMILY TUITION SUBTOTAL		\$	<input type="text"/>

**PLEASE READ AND SIGN**

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, such action will result in a late fee of \$35.00. A \$25.00 fee will apply for any failed electronic transaction.

PRIMARY BILL PAYER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEES & DISCOUNTS**

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

SMART ADMINISTRATIVE FEE: +

ANNUAL TOTAL DUE: \$