

SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

TUITION PRESCHOOL FEES

FEES	AMOUNT	
TUITION (IN-DISTRICT)	\$1,500 per Semester	
TUITION (OUT OF DISTRICT)	\$2,000 per Semester	
DEPOSIT	\$300 (Applied to Tuition Payment)	
LATE PAYMENT	\$20 per Occurrence	

Families enrolling in the tuition preschool program will have two payment options:

- Families may pay the semester tuition in full by September 10th (Fall Semester) or January 10th (Spring Semester)
- Families may opt to make four equal payments of \$375 (in-district) or \$500 (out of district) per semester. Payments will be made monthly from September through December (Fall Semester) or January through April (Spring Semester), and payments are due by the 10th of each month. This option requires a credit card to be kept on file in the District Office.

Both payment options require a \$300 non-refundable deposit to hold your student's place in the program. The deposit is due by **May 21, 2021**, along with a completed copy of the attached Preschool Tuition Election Form. The District cannot guarantee a spot in the program if the deposit and required forms are received after this date.

If you have any questions regarding forms and tuition, please contact Rosa Tosado at tosador@skokie69.net or 847-675-7666.



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PRESCHOOL TUITION ELECTION FORM

Please complete the information below and return to District 69 by **May 21, 2021**. Forms and payment may be emailed to <u>TosadoR@skokie69.net</u> or mailed to:

Skokie School District 69 Attn: Rosa Tosado 5050 Madison Street Skokie, IL 60077

DEPOSIT (Select One)

I have included a \$300 check made out to "Skokie School District 69" with this form.			
I authorize the District to charge the credit card provided below for \$300 upon receipt of this completed form.			
TUITION (Select One)			
I agree to pay the entire balance of my student's credit card no later than September 10th (Fall Se Semester).			
I would like to split the tuition payment into four equal installments each semester. I will provide the District with my credit card information below for automatic payment on the 10^{th} of each month.			
CREDIT CARD INFORMATION - PLEASE PRINT CLEARLY			
Name (as it appears on card):			
Credit Card Type: □ Visa □ Master Card □ Discover			
Credit Card Number:	CVC2 Code:	Exp. Date:	
Signature:			
Student Name.			
Student Name:			