Holy Ghost School

319 Selkirk Ave.
Winnipeg MB
R2W 2L8

Phone: (204) 582-1053
Fax: (204) 582-4870
Email: schooloffice@holyghostschool.ca
Web Site: www.holyghostschool.ca

2026-2027 PAYMENT PLAN

Completed Payment Plan forms (one per family) must be submitted to the school office by **February 4, 2026.**

Tuition payments and the post-dated volunteer fee cheque must be submitted to the school by **September 9, 2026. ALL** cheques should be made payable to **HOLY GHOST SCHOOL**.

Student Info

Surname	Given Name(s)	Entering Grade

Parent(s)/Legal Guardian(s)

Surname	Given Name(s)	Phone Number
Complete Mailing Address:		
Email Address:		

Contribution (Tuition) Fees

Kindergarten	Family Plans – Grades 1 to 8		
	First Student	Second Student	Third Student
$2,850.00	$2,700.00	$1,700.00	$1,100.00

Total Tuition (including $30.00 Administration Fee but not $200.00 Volunteer Fee). See enclosed 2026-2027 Tuition Payment Plan Schedule for Payment Plan Details & Dates.

Mark applicable Family Description and corresponding **Plan A or Plan B** with an **"X"**

Family Description		Kindergarten	Grade 1 to 8	Plan A		Plan B	
1 Child		1 student		$2,850.00		$2,880.00	
			1 student	$2,700.00		$2,730.00	
2 Children		1 student	1 student	$5,550.00		$5,580.00	
			2 students	$4,400.00		$4,430.00	
3 Children		1 student	2 students	$7,250.00		$7,280.00	
			3 students	$5,500.00		$5,530.00	

If Plan B selected, **check** one of the following:

___ I am already set up on Pre-Authorized Debit

___ I will complete the Pre-Authorized Debit form and submit it with this form

Please **read** and **initial** each of the following statements and sign below:

___ I understand that I am responsible to pay all **Contribution Fees** according to the payment plan which I selected on Page 1.

___ I understand that the **post-dated cheque for the Volunteer Fee** must be submitted by September 9, 2026 unless I am on the Pre-Authorized Debit - Plan B.

___ I understand that a **5% Late Fee** will be applicable each month where a balance has been outstanding for 30 days after payment due date and that the outstanding balance will continue to accumulate late fees until the balance is paid.

___ I understand that **Alternative Payment Plans** must be submitted to the Principal/Board of Directors for approval.

___ I understand that a **$25 Returned Payment Fee** will be applicable if a payment is returned by the bank for any reason.

___ I understand that all fees for the previous school year must be paid prior to being enrolled in September for the new school year.

___ I understand that I need to fill out this form and attach all required payments/post-dated cheques for enrolment to be complete.

Signature _____ Date _____

Signature _____ Date _____

FOR OFFICE USE:

Date Received: _____