

CHRIST THE KING CATHOLIC SCHOOL  
5973 SW 25th Street  
Topeka, Kansas 66614  
(785) 272-2220

Non Catholic Tuition Agreement  
School Year 2024- 2025

NAME (Parents/Guardians) \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Are you a new Christ the King School family this year (2024-2025) \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, previous school's name and mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student to be enrolled	Grade 2024-2025	Birth date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Pre-enrollment Fee is \$470.00 per child. \_\_\_\_\_ = \$ \_\_\_\_\_

Per Pupil cost for 2024-2025 is \$8,400.00 (\$840.00 per month August-May assuming you paid pre-enrollment) \_\_\_\_\_ = \$ \_\_\_\_\_

Tuition is due in the school office on the first day of each month beginning August 1, 2024, and ending May 1, 2025. Please make checks payable to Christ the King School. Failure to be current forfeits enrollment for the 2024-2025 school year.

\_\_\_\_\_  
Parent/Guardian Signature Date School Rep.

FOR SCHOOL OFFICE USE ONLY

Payment Record

July _____	August _____	September _____
October _____	November _____	December _____
January _____	February _____	March _____
April _____	May _____	