



31 August 2020

TO: Sacred Heart Catholic School Parents/Guardians

SUBJECT: Home and School Association Dues

The Home and School Association (HSA) will charge dues in the amount of \$50 per student this academic year. The fee will be pro-rated to \$25 for any student starting in the second semester. Every student at Sacred Heart benefits from these funds, therefore, there is no option to “opt out”. To provide transparency, each \$50 fee will be utilized as follows:

Class Parties - \$19 (Halloween - \$5, Christmas - \$7, Saint Valentine’s Day - \$7)

All-School Events - \$10 (Thanksgiving Luncheon and End of Year Party - \$5/ea)

Faculty/Staff Gifts - \$15 (Christmas Gift Card & Birthday Gift)

HSA Additional Support - \$5 (Teacher Appreciation, etc.)

Emergency/Family Support Fund - \$1

There are a couple of reasons for collecting dues this way. The primary reason is that we only need to ask you, the parents/guardians, one time for funds to cover everything taking place all year long rather than asking for funds nearly every month for one event or another. Another reason is to better support the Room Parents by making these funds readily available to them. In the long run, it makes it easier for both the Room Parents and you. The Room Parents will work with the HSA and the Sacred Heart Staff to create fun, enjoyable, and memorable events throughout the academic year for your child/ren.

Please complete the attached form and send to school in an envelope with your payment no later than 1 October 2020. Please address the envelope with “Home and School Association Dues” so your student(s) can be marked as paid. Any dues remaining unpaid on 1 October will be forwarded to Mrs. Becky Quinn and you will be billed.

Thank you for understanding and always supporting the efforts of the HSA and Sacred Heart staff. I appreciate each of you for choosing Sacred Heart Catholic School.

In His service,

Al Chromy
Principal

Elizabeth Williamson
Home and School Association President



2020-2021 Home & School Association Dues

Please return this form with your payment so your student(s) can be marked as paid.

Please print clearly.

Parent/Guardian Name: _____

Student Information (please list each student in the family)

First and Last Name (last name only required if different from parent/guardian)	Grade

Number of students _____ x \$50*/student = _____ Total due

* Fee is pro-rated to \$25/student if enrolling in the second semester

_____ I am paying my dues in full by _____ Cash _____ Check/ # _____

_____ I would like to pay my dues in increments. I have included an initial payment of _____
 Please contact Becky Quinn at becky.quinn@shswr.org to complete arrangements.

 For office use only

Amount rec'd: _____ Date office received: _____ Date HSA Treasurer received: _____