

CHABAD HEBREW SCHOOL
308 G Street – S Diego, CA 92101 – (619) 289-8770
www.chabaddowntown.com

Tuition Agreement 2018 - 2019

Student Name: _____

Grade: _____

Date: _____

Check the payment option which you prefer and sign below.

Payment Options:

_____ One Time payment of \$550.00 at beginning of school year
(A discount of \$50.00)

_____ Monthly payments of \$75.00 due on the first of the
month for 8 months beginning November and ending in
June.

Please make checks payable to **Chabad Hebrew School** and mail to
Chabad, 308 G Street, S Diego, CA 92101.

To pay by credit card, visit www.ChabadDowntown.com

I, _____, parent of _____, agree
to pay the full tuition amount as noted above.

Signature: _____ Date: _____