



ST. XAVIER  
High School

MEN FOR OTHERS

600 W. North Bend Road • Cincinnati, Ohio 45224-1499 • 513/761-7600 • [www.stxavier.org](http://www.stxavier.org)

March 14, 2019

Dear St. Xavier High School Parent(s) of an Incoming Freshman:

Welcome to St. Xavier High School!

As part of our onboarding process, we are sending a Financial Responsibility Form for all families to complete. As many of you know, for our purposes, this form is a legal document that we hold for four years and the information requested is important to enable us to protect our financial interest and ensure our financial records are complete. The information that you provide is **confidential** and not shared outside of the Business Office, unless the need arises to involve our legal counsel. Please return this completed form by **June 1, 2019**.

You may return the form by mail to St. Xavier High School, Attn: Business Office, 600 W North Bend Road, Cincinnati, Ohio, 45224, or if you prefer, you may scan and email it to [stxbusinessoffice@stxavier.org](mailto:stxbusinessoffice@stxavier.org).

Thank you in advance for your prompt attention to this matter. Should you have any questions, please call the Business Office at (513) 761-7815 x 134.

Sincerely,

Jonathan C. Ivec, MBA, CPA  
Vice President for Operations & CFO

**ST. XAVIER HIGH SCHOOL  
FINANCIAL RESPONSIBILITY FORM**

**(This form must be signed by each responsible parent or guardian)**

Each of the parent(s) or guardian(s) signing below (each of whom is referred to as a "Responsible Person") jointly and severally agree(s) to be responsible to make payment in full of all tuition, fees and other charges owed to St. Xavier High School, Inc. ("St. Xavier") with respect to each of the student(s) named below during the entire period in which the student(s) is/are enrolled at St. Xavier, according to the payment terms and policies set forth from time to time in the Tuition and Fees Statements. Each Responsible Person personally guarantees payment to St. Xavier. It is understood that this guaranty shall be continuing and irrevocable. This agreement remains in effect even if the student(s) reaches the age of eighteen (18) prior to graduation.

List the names **of all student(s) enrolled at St. Xavier** by Responsible Person(s):

\_\_\_\_\_

\_\_\_\_\_

Each Responsible Person acknowledges and agrees that in the event that tuition, fees, or other charges incurred at any time with respect to any student named above remain unpaid for more than ten (10) days after the final due date of payment under any Tuition and Fees Statement, St. Xavier may, at any time, at its discretion, and without further warning or notice, pursue any or all remedies available to it, including legal action. In the event that St. Xavier institutes a legal action against a Responsible Person as a result of any breach of this agreement or otherwise in order to collect on any past due amount, each Responsible Person agrees that St. Xavier shall be entitled to recover all costs incurred in collecting any past due amount including, without limitation, all reasonable attorneys' fees, court costs and similar professional fees and costs. Moreover, each Responsible Person agrees that St. Xavier shall be entitled to interest at the rate of 1.5% per month on any and all past due amounts. St. Xavier is providing the education of the above student(s) on credit. Pursuant to the Fair Credit Reporting Act, St. Xavier may gather information about you from credit bureaus, and others, to determine your eligibility for credit or financial aid and for purposes of collection in the event the undersigned defaults on the payment obligations. If you ask us, we will tell you whether or not we requested a credit bureau report and the names and addresses of any credit bureaus that provided us with such reports. This form is akin to an application for credit and the information requested is important to enable us to protect our financial interest. The information provided is **CONFIDENTIAL** and not shared outside of the Business Office, unless the need arises to involve our legal counsel.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Responsible Person:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Name of Bank / Checking Account #

\_\_\_\_\_

Place of Employment

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail (for tuition billing) \_\_\_\_\_

**Responsible Person:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Name of Bank / Check Account #

\_\_\_\_\_

Place of Employment

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail (for tuition billing) \_\_\_\_\_