

TUITION PAYMENT PREFERENCE FORM

For new students St. Joseph Catholic School

Parent/Guardian's Name _____
Address _____
City _____ State _____ Zip Code _____

Tuition for the 2016-2017 school year will be paid as follows:

Payment in full

_____ This payment, due August 19, 2016 is made directly to the school.
You will not pay the \$ 43 FACTS fee.

Payment through FACTS

_____ Automatic Bank Payments

Payments are made over _____ 10 months Aug-May
_____ 11 months Aug-June

Payment is made through the bank account you designate (either checking or savings) on either the 5th or 20th of the month. There is a \$ 43 annual fee for this service which will be charged to the account you designate. **Do not send a check made out for \$ 43 to FACTS.** The contract will be sent to you in the next few days.

This payment preference form should be turned immediately after registering.

I agree to make tuition payments for the 2016-2017 school year according to the option I have selected.

Parent's Signature

Date

If you have any questions, please contact the school office at 293-9000

