

TUITION PAYMENT PREFERENCE FORM
St. Joseph Catholic School

Parent/Guardian's Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Tuition for the 2018-2019 school year will be paid as follows:

Payment in full

_____ This payment, due by August 20, 2018 is made directly to the school.
You will not pay the \$ 45 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 \$ 45 annual fee for this service which will be charged to the account you designate. **Do not send a check made out for \$ 45 to FACTS.** This form will be your contract and will continue to be online through FACTS. Any new accounts will be a printed FACTS form and may be picked up at the school office.

This payment preference form needs to be turned in with the registration fee and registration papers.

I agree to make tuition payments for the 2018-2019 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