

**HOLY SPIRIT CATHOLIC SCHOOL/PRESCHOOL
TUITION PAYMENT PREFERENCE FORM**

Responsible Party: _____

Address: _____ City: _____ State: _____

Student(s) Name/Grade: _____

For the 2020-2021 school year, I will pay my child's/children's tuition by the payment option checked below.

- ☐ **OPTION 1 Full Tuition Payment** due by 7/1/20. This payment must be paid directly to the business office by the due date. **See note if payment is not received by the deadline.*
- ☐ **OPTION 2 Monthly Payments through FACTS.** This option entitles the responsible party to budget payments over 11 months through FACTS Management Company beginning 7/1/20. Payments can be made on either the 5th or 20th of each month. **Credit cards are now accepted for monthly payments. Please contact the business office if you would like more information on this option at 553-2265. There is an annual \$43.00 service charge paid directly to FACTS that will be deducted from your bank account in June.**

** Note: In the event the tuition is not received by the deadline, the family will be put on the FACTS Tuition Management Plan for the 11-month payment plan. Please refer to the Tuition Payment Regulation for complete details.*

Peace of Mind Tuition Protection Plan

FACTS offers an optional Peace of Mind Tuition Protection Plan. For a nonrefundable annual fee of \$20 per FACTS Agreement, FACTS will pay the remaining unpaid balance on your FACTS Agreement (except payments in arrears) to your school in the event of the death of the responsible party or his/her legal spouse. Coverage is only available to individuals under age 70. Coverage does not apply when cancer, or complications related to cancer, causes death, and the individual has received or been advised to receive medical advice, diagnosis or treatment for cancer at the time coverage begins. Coverage begins when the fee for Peace of Mind has been paid to FACTS.

Please indicate below whether or not you wish to enroll in the Peace of Mind Plan.

- ☐ Yes, please enroll me in the POM plan. I agree to pay a nonrefundable annual fee of \$20 per FACTS Agreement.

If you are enrolling in POM, you must complete the following information as it applies to the person responsible for payment.

Marital Status: ☐ Married ☐ Single

Date of Birth: --

- ☐ No, please do not enroll me in POM.

If you are re-enrolling in FACTS, you do not have to complete a new FACTS Agreement. The missed payment fee charged by FACTS will be \$30. If your bank information has changed from last year's FACTS Agreement: 1) for a checking account, attach a voided check (no deposit slips), or 2) for a savings account, provide a savings account number, bank name and routing number. If you wish to use a credit card please contact the business office, 553-2265. Any other changes must be given to the business office as soon as possible. Adjustments due to financial assistance, scholarships, or other awards will be made directly by the business office. You will be notified of these changes.

I agree to make tuition payments for the 2020-2021 school year according to one of the options above. I have read the enclosed school regulation regarding tuition and agree to abide by this regulation.

Responsible Party's Signature

Date

This form must be returned to your school with the registration form by February 26, 2020.

This form is for use in collecting information to complete agreements/re-enrollments.

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