

TUITION PAYMENT PREFERENCE FORM

Agreement authorization for 2018-2019

Due at Bishop Stang by March 30, 2018 (one per student).

Student(s) Name: _____ Grade for 2018-2019 _____

Name: _____ Grade for 2018-2019 _____

Name: _____ Grade for 2018-2019 _____

Parent/Guarantor Name: _____ Tel. _____

Address: _____ City/State _____ Zip _____

Email Address: _____

For the 2018-2019 school year I will pay my tuition through FACTS by the payment option checked below:

___ **Option 1. Full Tuition Payment:** through FACTS due June 1, 2018.

___ **Option 2. Plan A – 11 Monthly Payments:** through FACTS beginning in May and ending in March.
I wish to pay on the 5th or 20th of each month (check one).

___ **Option 3. Plan B – 10 Monthly Payments:** through FACTS beginning in May and ending in February.
I wish to pay on the 5th or 20th of each month (check one).

Notes:

If you select **Option 1** and payment is not made by June 1st, you **must** switch to Option 2 or Option 3. All families must be enrolled in the FACTS Payment Program (no exceptions). An **annual \$50 service fee per agreement will be charged by FACTS if choosing Option 2 or 3.**

OPTIONAL PEACE OF MIND PLAN – This plan will pay any FACTS unpaid balance (except payments in arrears) in the event of the death of the responsible party who has signed this agreement or his/her legal spouse. Coverage is only available to individuals under age 70. Coverage does not apply when pre-existing cancer or complications related to cancer causes death and this condition was diagnosed at the time coverage began.

- Yes, please enroll me in the Peace of Mind Plan. I agree to pay a non-refundable annual fee of \$17.00 per FACTS Agreement
- No, please do not enroll me in Peace of Mind.

If you checked yes, you must complete the following information as it applies to the person responsible for payment:

Marital Status: Married _____ Single _____ Date of Birth: ____-____-____

TUITION REFUND POLICY

- **Registration fee is non-refundable.**
- **The Guarantor is responsible for 1/10 of the total tuition for any month or any part of a month that a student attends Bishop Stang High School.**
- **Transfers during the school year:**
 - **prior to April 1st – a refund will be processed for payments in excess of the above amounts.**
 - **after April 1st – no refund will be processed.**

I agree and understand that, in order for my child to remain in good standing at Bishop Stang High School, I will meet my financial obligations as indicated on this Tuition Payment Preference Form.

Parent's Signature (Guarantor)

_____-_____-_____
Social Security

____/____/____
Date