



SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816

www.stcolumbkilleschool.org

2021-2022 Tuition Payment Agreement

Family Name _____

Parents or Guardians _____

Address _____

City/Zip Code _____

Cell Phone (Dad) _____ Cell Phone (Mom) _____

Person responsible for fees and tuition payments _____

Parish where family is registered _____

Student Name

Grade in 2021-2022

Tuition Plan Selection (Refer to tuition policy for a definition of the plans offered)

I agree to pay tuition using the following plan (choose 1)

- _____ Prepayment – Tuition in full by August 1st by check or cash
- _____ Prepayment – Tuition in full by August 1st through FACTS (credit/debit card, direct debit)
- _____ 4 Quarterly payments through FACTS (Aug./Oct./Jan./Apr.)*
- _____ 9 monthly payments through FACTS (Aug. 2021 – Apr 2022)*

*If you choose a payment plan, you must enroll in FACTS Tuition Management at the following web address www.factsmgt.com. If a bank account transfer is used there are no additional fees. Please note a fee is charged for paying with a credit/debit card.

OFFICE USE ONLY

Date: _____ Check #: _____ Cash: _____

Registration Fee Received: _____ Technology Fee Received: _____

Please complete other side

TERMS AND CONDITIONS

- 1) I agree that all payments owed under this Agreement will be paid by the due date corresponding to the payment method selected above. I understand and agree that, regardless of what payment option is selected, I am personally responsible for the payments and for ensuring that the tuition and fees are paid in full. Should I be late in making any payments, I understand that the following process will be followed:
 - A) I, and the other parents/guardians (if they are not me), will be notified of any payment not received through FACTS Tuition Management.
 - B) A \$10.00 late fee will be assessed per month
 - C) I will be given **30** calendar days to bring the account to current status or meet with school administration to have an adjusted payment agreement approved (not a guarantee and must be in writing and signed by the parish pastor or school principal).
 - D) If, **within 45** calendar days of the initial late payment, the account is not brought to current status, and an adjusted payment agreement is not agreed upon and approved by school administration, the student enrollment may cease at the end of the current quarter, and the school may immediately take any action available and consistent with applicable law in order to collect unpaid tuition owed by me/us including but not limited to limiting access to field trips and extra-curricular activities, withholding academic transcripts, referral to a collection agency, and/or the institution of a civil lawsuit to recover the unpaid balance.
 - E) If you had an adjusted payment agreement and are not following the terms of the agreement, then a payment with 10 business days must be made to bring your account to that particular date
- 2) Any family with an unpaid tuition and/or fees balance for the current school year will not be allowed to register for the following school year and school records, diplomas or transcripts will not be released until the current year's tuition and fees are paid, unless special arrangements have been made in writing and signed by parish pastor.
- 3) Prepaid Tuition will only be refunded in full if written notice of cancellation is received by the school before the first day that classes for the school year are scheduled to start. The registration fee and technology fee are non-refundable.
- 4) Once the school year begins, tuition refunds are made on a as needed basis. Should a student attend school during any portion of a quarter (one day or more) the full tuition amount for that quarter is owed and no portion of that quarter's tuition will be refunded.
 - a) If your student is transferring to St Columbkille from another school, you are responsible financially for the entire school year.
- 5) The student(s) and student's parents/guardian agree that they and their child(ren) will abide by the policies and guidelines as stated in the St. Columbkille School Handbook
- 6) Returned checks: if one check is returned for insufficient funds, a fee will be charged and the school will no longer accept personal checks and you will be required to pay in cash, with a certified check from a local bank, or through an approved electronic payment provider (such as FACTS) at the school's discretion.
- 7) I understand that the school will not reserve a place for my child(ren) for the upcoming school year until after I have returned a completed and signed tuition agreement, plus the registration and technology fees, and, if applicable, an agreement has been created in FACTS. I further understand that my child's/children's eligibility for enrollment is conditioned upon (1) his/her successful completion of the current school year; (2) full payment of all tuition and fees owed for the current and/or prior school years; and (3) acceptance by the school. I understand that the school reserves the right to deny admission or enrollment for any lawful reason.

By signing below, I agree that I have read and understand all of the terms and conditions contained in this agreement, and I agree to be personally bound by those terms and conditions.

Parent/Guardian 1

Date

Parent/Guardian 2

Date



SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

ADDITIONAL TERMS AND CONDITIONS: FACTS TUITION MANAGEMENT

By signing below, you further agree to the following terms and conditions:

Cancellation: I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Mrs. Nancy Joyce in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day.

Certification: I certify that I am an authorized user of the credit card, or an authorized signer on the checking or savings account designated in FACTS, and will not dispute the scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Responsibility for Fees & Indemnification: I understand that I am responsible for paying my credit card bill and/or maintaining any required balances in my bank account. To the fullest extent allowed by law, I agree to assume all liability for any fees, fines, costs, interest, or penalties charged to me by my bank and/or credit card company as a result of authorized charges or payments made under this Agreement, and to assume all liability for any change in or loss of credit, or inability to obtain credit as a result of any authorized charges, or payments made under this Agreement. I further agree to indemnify, defend, and hold harmless the School/Parish, the Diocese of Cleveland, and their respective members, officers, bishops, pastors, employees, representatives, agents, and volunteers (the 'Indemnified Parties') from and against all claims, damages, costs, arising out of or in any way related to any such fees, fines, costs, interest or penalties charged to me by my bank or credit card company, and for any such change in or loss of credit, or inability to obtain credit.

Limitation of Liability: TO THE FULLEST EXTENT ALLOWED BY LAW, I AGREE THAT LIABILITY FOR ANY BREACH OF THIS AGREEMENT BY SCHOOL OR FOR ANY OTHER MATTERS RELATING TO THIS AGREEMENT IS LIMITED TO THE AMOUNT PAID BY ME THROUGH MY CREDIT OR DEBIT CARD UNDER THIS AGREEMENT FOR THIS SCHOOL YEAR. THIS LIMITATION OF LIABILITY IS A CONDITION FOR THE ACCEPTANCE OF THIS AGREEMENT BY SCHOOL. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE TO ME OR TO ANY THIRD PARTY FOR ANY INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES ARISING OUT OF THIS AGREEMENT, WHETHER OR NOT ANY INDEMNIFIED PARTY WAS ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

I have read and understand and agree to the above-written statements, terms, and conditions:

My name (Printed): _____

My name (Signed): _____

Date: _____

A COPY OF THIS FORM WILL BE PROVIDED