

# HOLY FAMILY ACADEMY

## Tuition Payment Preference Form 2019-2020 School Year

This form must be completed by all parents who have registered students attending Holy Family Academy for the 2019-2020 school year. Enrollment will not be considered complete until this form is received at school.

**This form must be returned to the school no later than April 15, 2019.**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

**Tuition for the 2019-2020 school year will be paid by: choose only one**

\_\_\_\_\_ **Option 1**      Payment in Full

*Single payment due on or before June 3, 2019. This option entitles the responsible party to a 3% discount. Payment is made directly to the school.*

**Note: If payment is not received by the school on or before the due date, you are responsible to come in to discuss payment options, such as setting up a contract through FACTS as listed below. The discount will be voided if payment is not received by the deadline date.**

\_\_\_\_\_ **Option 2**      10 Monthly Payments beginning July 2019 through FACTS:

\_\_\_\_\_ *Initial here to authorize re-enrollment by FACTS Coordinator.*

\_\_\_\_\_ **I understand that the FACTS Enrollment fee of \$45.00 is paid by the families and will be deducted from my bank account at the time my contract is submitted.**

Automatic bank payments (ACH) through your checking or savings account may be made on either the 5<sup>th</sup> or the 20<sup>th</sup> of each month.

### **Peace of Mind (POM) Benefit:**

The POM Benefit will pay any eligible FACTS unpaid balance in the event of the death of the Responsible Party or his/her legal spouse. Coverage is only available to individuals under age 70.

\_\_\_\_\_ **Yes, please enroll me in POM I agree to pay the \$20.00 non-refundable annual fee, per agreement.**

\_\_\_\_\_ **No, please do not enroll me in POM.**

I agree to make tuition payments for the 2019-2020 school year according to one of the options above. I have read the school policy regarding tuition and agree to abide by this policy.

\_\_\_\_\_  
*Responsible Party Signature*

\_\_\_\_\_  
*Date*