

**HOLY GHOST SCHOOL
TUITION PAYMENT PREFERENCE FORM**

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STUDENT(S) NAME _____

Tuition for the 2017-18 school year will be paid by:

_____ **Option 1 - Single payment due on or before the first day of 2017-18 classes.**

_____ **Option 2 - FACTS monthly payment plan.**

_____ Payments will be budgeted over 10 months beginning August 20, 2017.

_____ Payments will be budgeted over 12 months beginning July 20, 2017.

Payments will be made on the 20th of each month by direct withdrawal from your bank account or with a credit card, which will include an added convenience fee. If you choose to pay monthly through the FACTS automatic withdrawal plan, a FACTS form will be sent to you upon receipt of this completed form.

PLEASE NOTE: IF YOU SELECT OPTION I AND PAYMENT IS NOT MADE BY DUE DATE, THEN PAYMENT WILL NEED TO BE MADE THROUGH THE FACTS PAYMENT PLAN.

This form must be returned to the school office by **XXX, 2017**, along with your completed registration form. If you have any questions, please contact the school office.

I agree to make tuition payments for the 2017-18 school year per one of the options above. I have read the school policy regarding payment and agree to abide by this policy.

Parent's Signature

Date

Please return this form to the school office.