

# TUITION PAYMENT PREFERENCE FORM

## Angelo Catholic School

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**STUDENT(S) NAME(S):** \_\_\_\_\_

Tuition for the 20\_\_-\_\_ school year will be paid in the manner marked below.

\_\_\_\_\_ **Payment in full.** This payment, due by June 30, 20\_\_, may be made directly to the school by check or cash and will entitle you to a two percent discount on tuition.

**Payment through FACTS.** (Fees apply.)

\_\_\_\_\_ **Payment in full through FACTS.** This payment, due by June 30, 20\_\_, will entitle you to a two percent discount on tuition and require FACTS registration. Please contact the principal for more information.

\_\_\_\_\_ **Automatic Bank Payments** through your checking or savings account can be made on either the 5th or 20th of the month; the payment can be broken into two payments/month, etc.

\_\_\_\_ 11 months June-April (annual FACTS fee)

\_\_\_\_ 10 months July-April (annual FACTS fee)

\_\_\_\_ 9 months August-April (annual FACTS fee)

\_\_\_/\_\_\_ Please indicate date for registration fee withdrawal. Registration fee is charged per child.

Please return this payment preference form to the school office with registration materials. If not paying in full to the school, please set up a FACTS account. If you are continuing at ACS, your agreement can be automatically renewed.

I agree to make tuition payments for the 20\_\_-\_\_ school year, according to the option I have selected above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Box Below For Office Use Only

Child's Name/Grade	Annual Tuition	Less: 15% Discount		Less: Tuition Assistance Granted	Discounted Annual Tuition
1.		N/A			
2.					
3.					
4.					
<b>Family Totals</b>					