

# 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 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>					