



ST. JOSEPH REGIONAL CATHOLIC SCHOOL
TUITION PAYMENT CONTRACT

(One form per family)
(Please print all information)

Family Name: _____

Student's Name and Grade entering in September:

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Please indicate your payment preference by checking the appropriate option. No student will be considered fully enrolled unless this form is received by the school.

_____ **Option 1**

Prepaid Tuition: Payment can be made via www.SendMoneyToSchool or mail a check made out to SJRCS, Salem, NH to:

St. Joseph Regional Catholic School
 Attention: Business Office
 40 Main Street
 Salem, NH 03079

If paid BEFORE July 1, you can take a 1% discount.

_____ **Option 2**

FACTS Payment Plan:

_____ Monthly (July through May) on the _____5th or _____20th

_____ Quarterly (July, October, January, April) on the _____5th or _____20th

_____ Semi-Annually (July, January) on the _____5th or _____20th

FACTS payments will be deducted automatically from your designated account at your banking institution. There is an annual FACTS service fee when choosing this option (see SJRCS Web site for details).

For an additional convenience fee, you can choose to have this charged to an American Express, MasterCard, Visa, or Discover card. Call FACTS at 1-866-441-4637 for more information. Tell them it is for account #18602.

Person responsible for payment of tuition (Please print clearly):

First _____

Last _____

Street _____

City/State/Zip _____

Phone () _____

Cell Phone () _____

E-mail address (please print clearly) _____ @ _____

(X) _____
Signature of Person Responsible for Tuition

Date