



St. Joseph Regional Catholic School
 2018-2019 TUITION PAYMENT CONTRACT
 (One form per family)

Family Name: _____

(Please print all information)

Student's Name and Grade entering in September 2018:

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. These are the two (2) forms of payment that are acceptable for the 2018-2019 school year.

_____ Option 1 Full Prepaid Tuition with 3% Discount if paid by 7-1-18 Payment can be made via www.SendMoneyToSchool or a check to:
St. Joseph Regional Catholic School
 Attention: Business Office
 40 Main Street
 Salem, NH 03079

_____ Option 2 **FACTS Payment Plan***
 _____ Monthly (July 2018 to May 2019) on the _____5th or _____20th
 _____ Quarterly (July, October, January, April) on the _____5th or _____20th
 _____ Semi-Annually (July, January) on the _____5th or _____20th

***NEW ENROLLEES:** Go to FactsMgt.com; 1. Click on **Log In** 2. Click on **Start Here**

FACTS payments will be deducted automatically from your designated banking institution. There is an annual FACTS service fee (\$43 for 4-11 payments, \$15 for 2 payments) when choosing this option. It will be charged to your designated account.

For an additional 2.5% convenience fee, you can choose to have this charged to an AMEX, MasterCard or Discover Credit Card. Call FACTS at 1-800-233-1096 to set this up. Tell them it is for account #285.

Person Responsible for Payment of Tuition (Please print clearly):

Please circle one: Mr. / Mrs. / Ms.

First _____ Last _____
 Street _____ City/State/Zip _____
 Phone (____) _____ Cell Phone (____) _____
 E-mail address (please print clearly) _____ @ _____

(X) _____ Date _____
Signature of Person Responsible for Tuition