St. Joseph Regional Catholic School
2019-2020 TUITION PAYMENT
CONTRACT (One form per family)

Family Name:_____

(Please print all information)

Student's Name and Grade entering in September 2019:

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 2019-2020 school year.

_____Option 1 Full Prepaid Tuition with 3% Discount if paid by 7-1-19

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 2019 to May 2020) 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)_____ _____
Signature of Person Responsible for Tuition *Date*

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