



St. Joseph Regional Catholic School
2020-2021 Tuition Payment Contract
 (One form per family)

Family Name: _____

(Please print all information)

Student's Name and Grade entering in September 2020:

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

Please indicate your payment preference by checking the appropriate option. No student will be fully enrolled unless this form is received by the school. There are the two (2) payment options that are acceptable for the 2020-2021 school year.

_____ Option 1: Full Prepaid Tuition,
 With 3% Discount:
 If paid by 7-1-20

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

_____ Option 2: FACTS Payment Plan
 ____ Monthly (July 2020 to May 2021) 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 Parent Log In 2. Click on Payment Plans/Financial Aid 3. Register

FACTS payments will be deducted automatically from your designated banking institution. There is an annual FACTS service fee (\$45 for 4-11 payments, \$10 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