

TUITION PAYMENT PREFERENCE FORM

School Name: **Community Christian School**

Responsible Party: _____

Address: _____ City: _____ State: _____ Zip: _____

Student(s) Name: _____ Year of Graduation _____

_____ Year of Graduation _____

For the **2018-2019** school year, I will pay my student's tuition by the payment option checked below. If not previously enrolled with F.A.C.T.S., I will complete a F.A.C.T.S. Tuition Management Agreement Form.

- OPTION 1 Full Tuition Payment** due by August 1, 2018. This option entitles the responsible party to a \$100.00 discount. This payment must be paid directly to the school by the due date. *Note: As stated above under option 1, discounts will be offered but will be voided if payment is not received by the deadline date.*
- OPTION 2 Monthly Payments through F.A.C.T.S.** This option entitles the responsible party to budget payments over **10 months** through F.A.C.T.S. Tuition Management Program beginning August 2018. Payments can be made on either the 5th or the 20th of each month. **Please circle one.**
- OPTION 3 Monthly Payments through F.A.C.T.S.** This option entitles the responsible party to budget payments over **12 months** through F.A.C.T.S. Tuition Management Program beginning July 2018. Payments can be made on either the 5th or the 20th of each month. **Please circle one.**

COMPLETE ONLY IF RE-ENROLLING IN THE F.A.C.T.S. PROGRAM

Peace of Mind Tuition Protection Plan

F.A.C.T.S. offers an optional Peace of Mind Tuition Protection Plan. For a non-refundable annual fee of \$12.00 per F.A.C.T.S. Agreement, F.A.C.T.S. will pay the remaining unpaid balance on your F.A.C.T.S. Agreement (except payment in arrears) to your school in the event of the death of the responsible party or his/her legal spouse. Coverage begins when the fee for Peace of Mind has been paid to F.A.C.T.S.

Please indicate below whether or not you wish to enroll in the Peace of Mind Plan. Your Peace of Mind election for the previous school year will remain the same for the current school year, unless you check a box below.

- Yes, please enroll in the POM Plan. I agree to pay a non-refundable annual fee of \$12.00 per F.A.C.T.S. Agreement.
If you are enrolling in POM, you must complete the following information as it applies to the person responsible for payment.

Marital Status: Married Single Date of Birth: _____/_____/_____

- No, please do not enroll me in POM.

If you are re-enrolling in the F.A.C.T.S. Tuition Management Program, you do not have to complete a new agreement. The missed payment fee charged by F.A.C.T.S. is \$30.00. If your bank information has changed from last year's agreement: 1) for a checking account attach a voided check (no deposit slips required) or 2) for a savings account provide the bank name: _____ routing number: _____, and savings account number: _____. Any other changes must be given to the school (financial director) as soon as possible. Adjustments due to financial assistance, scholarships, or other awards will be made directly by the school. You will be notified of these changes.

I agree to make tuition payments for the 2018-2019 school year according to the options above. I have read the school policy regarding tuition and agree to abide by this policy.

Responsible Party's Signature

_____/_____/_____
Date

This form must be returned with the Financial Agreement Form

This form is for use in collecting information to complete agreements and re-enrollments