St. Joseph Regional Catholic School
2011-2012 TUITION PAYMENT CONTRACT
(One form per family)

Family Name:

(Please print all information)

Student's Name and Grade entering in September 2011:

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 to:
St. Joseph Regional Catholic School
Att: Business Office
40 Main St
Salem, NH 03079

If paid BEFORE July 01, 2011 you can take a 1% discount.

_____Option 2 FACTS Payment Plan

____ Monthly (July 2011 to May 2011) 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 banking institution. There is an annual FACTS service fee ($41 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 #18602.**

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*