

**Early Bird discount ends April 27, 2018**  
**TPO Forms due May 25, 2018**

**2018-2019 Tuition Payment Option Form for Parishioners**  
**St. Andrew School**  
**Due Date May 25, 2018**



PLEASE PRINT

Parent/Guardian Name \_\_\_\_\_

Student Last Name (if name differs from Parent/Guardian) \_\_\_\_\_

<b>TUITION WORKSHEET</b>		<b>1st Child</b>	<b>2nd Child</b>	<b>3rd Child</b>	<b>4th Child</b>	<b>5th Child</b>
	First Name of Student: _____					
	Grade 2018-2019: _____					
1	Non Participating Rate	\$ 6,400.00	\$ 6,400.00	\$ 6,400.00	\$ 6,400.00	\$ 6,400.00
2	St. Andrew Parish Grant and participating parish grant	\$ (1,780.00)	\$ (1,780.00)	\$ (1,780.00)	\$ (1,780.00)	\$ (1,780.00)
3	LESS multiple child discount	\$ ( 0.00)	\$ ( 705.00)	\$ (1,575.00)	\$ (3,865.00)	\$ (3,865.00)
<b>4</b>	<b>2018-2019 Tuition Subtotal</b>	<b>\$ 4,620.00</b>	<b>\$ 3,915.00</b>	<b>\$ 3,045.00</b>	<b>\$ 755.00</b>	<b>\$ 755.00</b>
5	Early Bird discount (only available to families re-registered by <b>April 27, 2018</b> )	\$ ( 150.00)	\$ ( 150.00)	\$ ( 150.00)	\$ ( 150.00)	\$ ( 150.00)
6	Less Tuition Assistance					
	Diocese of Columbus	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	St. Andrew Parish	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7	<b>NET TUITION CHARGE</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
				Enter total of all columns here →		\$ _____
8	Less paid registration fee (if applicable)					\$ _____
9	Less SCRIP Credit					\$ _____
10	Plus HASA dues					\$ <u>30.00</u>
11	<b>NET AMOUNT DUE</b>					\$ _____

I (We) elect the following Tuition Payment option for the 2018-2019 school year. (Please choose one option under Lump Sum Payment OR one option under Automatic Monthly Payments.)

**LUMP SUM PAYMENT:**

\_\_\_\_\_ I will pay in full by check or cash the NET AMOUNT DUE by Friday, June 22, 2018. Late payments will be assessed a late fee of \$30 for each month payment is late. Make checks payable to St. Andrew Parish.

\_\_\_\_\_ I agree to have the NET AMOUNT DUE electronically withdrawn from my bank account. I have completed and signed section I on the reverse side.

**AUTOMATIC MONTHLY PAYMENTS:**

\_\_\_\_\_ I was not enrolled in the FACTS Tuition Management Program during the 2017-2018 school year. I agree to complete the online registration at [www.standrewschool.com](http://www.standrewschool.com) (follow the link for FACTS e-cashier) by Friday, June 8, 2018. New registrations completed after this date will be assessed a late fee of \$30 for each month the enrollment is late.

\_\_\_\_\_ I participated in the FACTS Tuition Management Program during the 2017-2018 school year and would like to re-enroll in the program for the 2018-2019 school year. I have completed and signed Section II on the reverse side of this form.

The undersigned parent(s) agree to be jointly and severally responsible for all terms as listed above.

\_\_\_\_\_

Date: \_\_\_\_\_

Questions regarding this form may be directed to Debbie Joseph at 614-451-1626 ext.222 or email [djoseph@cdeducation.org](mailto:djoseph@cdeducation.org)

**For Office Use Only:** Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ FACTS:  New  Re-Enrollment  
Date Received: \_\_\_\_\_ Complete: \_\_\_\_\_

Early Bird discount ends April 27, 2018

TPO Forms due May 25, 2018

**Section I: Authorization for Automatic Withdrawal of School Tuition**

**Automatic Withdrawal Agreement**

I/we agree that my/our 2018-2019 St. Andrew Elementary School tuition of \$ \_\_\_\_\_ will be electronically debited by St. Andrew Parish on Friday June 22, 2018.

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Type of Account Checking (attach a VOID check) Savings

Responsible Party Signature and Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section II: FACTS Payment Option Form**

Complete this section if you participated in the FACTS Tuition Management Program during the 2017-2018 school year.

Responsible Party: \_\_\_\_\_ (PLEASE PRINT)

**Choose one:**

\_\_\_\_\_ **Cancellation.** If you were enrolled in the FACTS program for 2017-2018 and do not want to re-enroll simply check this option.

\_\_\_\_\_ **Re-enrollment** in the FACTS Tuition Management Program.  
I participated in the FACTS Tuition Management Program during the 2017-2018 school year and would like to re-enroll for the 2018-2019 school year. I authorize payments to begin in July 2018 and continue for 10 months or until my tuition is paid in full. I understand the \$45 registration fee to FACTS is nonrefundable.

1) **NET AMOUNT DUE** from reverse side \$ \_\_\_\_\_

2) **Additional** amount (if any) you want to prepay by June 22, 2018 \$ \_\_\_\_\_

**Total Tuition authorized to be paid through FACTS (line 1 less line 2)** \$ \_\_\_\_\_

If enrolled in the Peace of Mind Benefit (POM), FACTS will pay the remaining unpaid balance on your FACTS Agreement (except payments in arrears) to your school in the event of the death of the covered person (responsible party or his/her legal spouse). Indicate below whether or not you wish to enroll. If no option is selected, your POM election will remain the same as the previous school year.

\_\_\_ Yes, please enroll me in the POM plan. I agree to pay a nonrefundable annual fee of \$20.00 per FACTS Agreement. Coverage does not apply when cancer or complications related to cancer cause death, and the individual has received or been advised to receive medical advice, diagnosis, or treatment for cancer at the time coverage begins.

\_\_\_ No, please do not enroll me in POM.

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FACTS missed payment fee is \$30.00.