

Early Bird Discount ends April 27, 2018
 TPO Form Due May 25, 2018

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



PLEASE PRINT

Parent/Guardian Name _____

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

TUITION WORKSHEET		1st Child	2nd Child	3rd Child	4th Child	5th Child
First Name of Student: _____		_____	_____	_____	_____	_____
Grade 2018-2019: _____		_____	_____	_____	_____	_____
1	Non Participating Tuition Rate	\$ 6,400.00	\$ 6,400.00	\$ 6,400.00	\$ 6,400.00	\$ 6,400.00
2	Early Bird discount (only available to families re-registered by April 27, 2018)	\$ (150.00)	\$ (150.00)	\$ (150.00)	\$ (150.00)	\$ (150.00)
3	NET TUITION CHARGE	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
						Enter total of all columns here →
4	Less paid registration fee (if applicable)					\$ _____
5	Less SCRIP Credit					\$ _____
6	Plus HASA dues					\$ <u>30.00</u>
7	NET AMOUNT DUE					\$ _____

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_____ I agree to have the NET AMOUNT DUE electronically withdrawn from my bank account.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 (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@cducation.org

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

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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: _____

(If you wish to receive a reminder approximately 10 days prior to the June 22 payment date please provide one 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:** _____

New FACTS missed payment fee is \$30.00.