

**HOLY GHOST SCHOOL  
TUITION PAYMENT PREFERENCE FORM**

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT(S) NAME \_\_\_\_\_

Tuition for the 2011-12 school year will be paid by:

\_\_\_\_\_ **Option 1 - Single payment due on or before the first day of 2010-11 classes.**

\_\_\_\_\_ **Option 2 - FACTS monthly payment plan.**

\_\_\_\_\_ Payments will be budgeted over 10 months beginning August 20, 2011.

\_\_\_\_\_ Payments will be budgeted over 12 months beginning July 20, 2011.

Payments will be made on the 20th of each month by direct withdrawal from your bank account or with a credit card, which will include an added convenience fee. If you choose to pay monthly through the FACTS automatic withdrawal plan, a FACTS form will be sent to you upon receipt of this completed form.

**PLEASE NOTE: IF YOU SELECT OPTION I AND PAYMENT IS NOT MADE BY DUE DATE, THEN PAYMENT WILL NEED TO BE MADE THROUGH THE FACTS PAYMENT PLAN.**

This form must be returned to the school office by **March 25, 2011**, along with your completed registration form. If you have any questions, please contact the school office.

I agree to make tuition payments for the 2011-12 school year according to one of the options above. I have read the school policy regarding payment and agree to abide by this policy.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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**Please return this form, along with the Registration Form and Form 2, to the school office.**