



HOLY SPIRIT CATHOLIC SCHOOL

2020 - 2021 Pre-Kindergarten Tuition Agreement

Parents/Guardians Name: _____

Student Name	Grade	Student Name	Grade
--------------	-------	--------------	-------

Family Tuition Costs:

Total Family Tuition	=	\$2,248.00
Registration Deposit	-	\$ 250.00
	=	\$2,498.00
Total Academic Supply Fee	+	\$ 110.00
	=	\$2,608.00
Extended Day Program Rate	+	_____
Balance Due	=	_____

Extended Day Program:

Four Half Days:	\$1,798.00
Three Half Days:	\$1,348.00
Two Half Days:	\$ 898.00
One Half Day:	\$ 448.00

Payments: Please mark your choice of payment schedule.

_____ 1 Payment	\$ _____	July 2020
_____ 4 Payments	\$ _____	July and October 2020, January and April 2021
_____ 10 Payments	\$ _____	July 2020 through April 2021

Policies:

- **\$250 / per family deposit is non-refundable and applied toward tuition.**
- **\$110 academic supply fee per student is due with the first tuition payment in July.**
- **New Student Application Processing Fee is \$25.00 per student.**
- **HSCS uses FACTS Tuition for tuition management. Families must enroll online and choose a payment schedule. FACTS Management charges a one time yearly fee if you choose a payment plan. Late fees are assessed when payments are not paid in full.**
- **Tuition and fees due/paid through each semester will not be refunded if there is an early withdrawal of student/s.**

Annual Raffle Commitment:

An annual raffle is conducted in an effort to keep tuition rates low. Families with a Pre-Kindergarten student only are required to sell or purchase raffle tickets in the amount \$250. Families with K - 8th grade students are required to sell or purchase raffle tickets in the amount of \$500.

Signature _____ Date _____

Payment Agreement

I accept the above tuition rates for 2020-2021 and will pay according to the payment terms checked above beginning July 2020. **It is my responsibility to notify the school administration in writing prior to billing due dates in the event a payment cannot be made on time.** This communication must include terms to remedy the delinquency.

Signature _____ Date _____
(Signature of individual responsible for account)

Email Address for FACTS Management Account Communication _____

Principal _____ Date _____