

St. Joseph Regional Catholic School  
TUITION CONTRACT  
(Please print all information)  
(Only one form per family)

Family Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Parish/Town: \_\_\_\_\_

Student's Name and Grade **entering** in September 2010:

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 MAY 7, 2010.*

\_\_\_\_\_ Option 1    **Prepaid Tuition**    The balance is due on or before July 01, 2010. Payment is to be made to:

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

\_\_\_\_\_ Option 2    **FACTS Payment Plan**    The balance is due in eleven monthly payments (July 2010 to May 2011). FACTS payments will be deducted automatically from your designated banking institution. There is an annual \$41.00 service fee 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.

Payment date:    \_\_\_\_\_ 5<sup>th</sup>    \_\_\_\_\_ 20th

**Person Responsible for Payment of Tuition:**

*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*