

GRACE CHRISTIAN SCHOOL
TUITION PAYMENT PREFERENCE FORM

Responsible Party: _____
Address: _____ City: _____ State: _____ Zip: _____
Student(s) Name: _____

For the 2024-2025 school year, I will pay my student's tuition by the payment option checked below. If not previously enrolled with FACTS, I will complete a FACTS Tuition Management Agreement Form.

OPTION 1 - Full Tuition Payment due by August 30, 2024. This payment must be paid directly to the school by the due date.

OPTION 2 - Monthly Payments through FACTS - This option entitles the responsible party to budget payments over **10 months** through FACTS Tuition Management Program beginning August 2024. Payments can be made on either the 5th or the 20th of each month. **Please check one.**

OPTION 3 - Monthly Payments through FACTS - This option entitles the responsible party to budget payments over **11 months** through FACTS Tuition Management Program beginning August 2024. Payments can be made on either the 5th or the 20th of each month. **Please check one.**

COMPLETE ONLY IF RE-ENROLLING IN THE FACTS PROGRAM

Peace of Mind Tuition Protection Plan

FACTS offers an optional Peace of Mind Tuition Protection Plan. For a non-refundable annual fee of \$22.50 per FACTS Agreement, FACTS will pay the remaining unpaid balance on your FACTS Agreement (except payment in arrears) to your school in the event of the death of the responsible party or his/her legal spouse. Coverage begins when the fee for Peace of Mind has been paid to FACTS.

Please indicate below whether or not you wish to enroll in the Peace of Mind Plan. Your Peace of Mind election for the previous school year will remain the same for the current school year, unless you check a box below.

Yes, please enroll in the POM Plan. I agree to pay a non-refundable annual fee of \$22.50 per FACTS Agreement. If you are enrolling in POM, the following information must be completed by the person responsible for payment.

Marital Status: Married Single Date of Birth: _____

No, Please do not enroll me in POM.

If you are re-enrolling in the FACTS Tuition Management Program, you do not have to complete a new agreement. The missed payment fee charged by FACTS is \$30.00. If your bank information has changed from last year's agreement: 1) for a checking account attach a voided check (deposit slips are not valid) or 2) for a savings account provide the bank name: _____, routing number: _____, and savings account number: _____. Any other changes must be given to the school as soon as possible. Adjustments due to financial assistance, scholarships, or other awards will be made directly by the school. You will be notified of these changes.

I agree to make tuition payments for the 2024-2025 school year according to the options above. I have read the school policy regarding tuition and agree to abide by this policy.

Responsible Party's Signature

Date

This form must be returned with the Financial Agreement Form