

TUITION PAYMENT SELECTION FORM
Netivon High School Programs of Chizuk Amuno Congregation
2009-2010 School Year

Responsible Party Name: _____

Address: _____ City: _____ State: _____

Student(s) Name: _____

Tuition for the 2009-2010 school year will be paid by: (choose only one)

OPTION 1 Full Tuition Payment

Single payment due upon registration payable to Chizuk Amuno Congregation

OPTION 2 2 Monthly Payments through FACTS June 2009 and December 2009

Automatic bank payments (ACH) through your checking or savings account may be made on either the 5th or 20th of each month. **\$15 annual FACTS Enrollment Fee Per Family.**

OPTION 3 10 Monthly Payments beginning in June through FACTS

Automatic bank payments (ACH) through your checking or savings account may be made on either the 5th or 20th of each month. **\$38 annual FACTS Enrollment Fee Per Family.**

COMPLETE ONLY IF RE-ENROLLING IN FACTS

Peace of Mind Tuition Protection Plan

FACTS offers an optional Peace of Mind Tuition Protection Plan. For a nonrefundable annual fee of \$12 per FACTS Agreement, 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 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, unless you check a box below.

Yes, please enroll me in the POM plan. I agree to pay a nonrefundable annual fee of \$12 per FACTS Agreement.

If you are enrolling in POM, you **must** complete the following information as it applies to 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 FACTS, you do not have to complete a new FACTS Agreement. If your bank information has changed from last year's FACTS Agreement:

1) for a checking account attach a voided check (no deposit slips) or

2) for a savings account provide the bank name _____, routing number _____, and savings account number _____.

Any other changes must be given to the Education Department office 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 2009-2010 school year according to one of the options above. I have read the school policy regarding tuition and agree to abide by this policy.

Responsible Party's Signature

Date