

**St. Rose Catholic School
2021-2022 Tuition Payment Agreement**

Family Name _____

Student / Grade:

Total Family Tuition (after all scholarships and financial assistance applies): \$ _____

I agree to pay St. Rose Catholic School the tuition and all fees for the attendance of my child(ren) as established by the school for the 21-22 school year. In addition to the tuition stated above, I agree to pay the following fees at the time indicated:

- \$35/\$50 non-refundable registration (April 15, 2021)
- \$150 non-refundable book fee per child (Aug. 1, 2021)
- \$125 non-refundable technology fee per child (Aug. 1, 2021)

Total Family tuition & fees: \$ _____

I elect to pay the union and fees as follows. **Please mark preferred payment method(s)**

Check Payment Option	Payment Type	Payment Amount	Payment Guidelines and Due Dates
	EdChoice Voucher Payment	\$4,650	Parent is responsible for obtaining funds and signing over to the school. Payment due twice a year.
	Quarterly Payments through FACTS		\$30 additional fee. Payments will be made every 4 months. Balance must be brought to zero with the final payment due on the Friday before Memorial Day, 2022.
	10 Monthly Payments through FACTS		\$45 additional fee. Payments will be made on 1st or 15th of each month. Balance must be brought to zero with the final payment due on the Friday before Memorial Day, 2022.
	10 Monthly Recurring Payments Online giving St. Rose Parish website		\$45 additional fee. Complete attached recurring payment authorization. Balance must be brought to zero with the final payment due on the Friday before Memorial Day, 2022.
	One Full Payment by cash, money order or check		Make checks payable to St. Rose Catholic School Payment due August 1, 2021.

*If you choose a payment plan, you must enroll in FACTS Tuition Management at the following web address <https://online.factsmgt.com/signin/3XMBT> Please note that credit card fees may apply if you choose to pay by credit card.

ADDITIONAL TERMS AND CONDITIONS

1. I agree that all payments owed under this Agreement will be paid by the due date corresponding to the payment method(s) selected above. I understand and agree that, regardless of what payment option is selected, I am personally responsible for the payments and for ensuring that the tuition and fees are paid in full. Should I be late in making any payments, I understand that the following process will be followed:
 - a. I, and the other parents/guardians (if they are not me), will be notified of any payment not received.
 - b. A **\$30** late fee will be accessed if payment not received by due date.
 - c. I will be given **5** calendar days to bring the account to current status or meet with school administration to have an adjusted payment agreement approved (not a guarantee and must be in writing and signed by the parish pastor or school president.
 - d. If, within **15** calendar days, the account is not brought to current status, and an adjusted payment agreement is not agreed upon and approved by school administration, the student enrollment will cease at the end of the current quarter, and the school may immediately take any action available and consistent with applicable law in order to collect unpaid tuition owed by we/us including but not limited to limiting access to field trips and extra-curricular activities, withholding academic transcripts, referral to a collection agency, and/or the institution of a civil lawsuit to recover the unpaid balance.
2. Any family with an unpaid Tuition and/or Fees balance for the current School Year will not be allowed to register for the following School Year and School records, diplomas or transcripts will not be released until the current year's Tuition and Fees are paid, unless special arrangements have been made in writing and signed by Parish pastor or School principal.
3. Prepaid Tuition will only be refunded in full if written notice of cancellation is received by the School before the first day that classes for the School year are scheduled to start. The Registration Fee and Technology Fee are non-refundable.
4. Once the School year begins, Tuition refunds are made on a quarterly basis. Should a Student attend School during any portion of a quarter (one day or more), the full tuition amount for that quarter is owed and no portion of that quarter's tuition will be refunded.
5. The Student(s) and Student's parents/guardians agree that they and their child(ren)/ward(s) will abide by the policies and guidelines as stated in the Parent Student Handbook.
6. Returned checks: If two checks are returned for insufficient funds, the school will no longer accept personal checks and you will be required to pay in cash, with a certified check from a local bank, or through FACTS or another electronic payment provider at the school's discretion.

RECURRING PAYMMENT AUTHORIZATION AGREEMENT

By completing this form, you authorize regularly scheduled charges to your account designat- ed below. You will be charged the amount(s) indicated below. A receipt for each payment will be provided to you and the charge will appear your account statement. You agree that no prior notification for charges will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____ authorize St. Rose Catholic School to charge my
(name)
account indicated below for \$ _____ on the _____ of each month from _____ to
(day) (start date)
_____.
(end date)

Billing Information

Billing Address _____ Phone _____
City, State, Zip _____ Email _____

Checking/Savings Account OR Online Giving (*circle one*)

<p>() Checking () Savings</p> <p>Name on Acct. _____</p> <p>Bank Name _____</p> <p>Account Number _____</p> <p>Bank Routing # _____</p> <p>Bank City/State _____</p>

**If choosing this option, please complete and return to school before
April 15, 2021.**

By signing below, you further agree to the following terms and conditions:

Cancellation: I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. Rose Catholic School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand the the payments may be executed on the next business day.

Certification: I certify that I am an authorized user of the credit card, or an authorized singer on the checking or savings account designate above, and will not dispute the scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Responsibility for Fees & Indemnification: I understand that I am responsible for paying my credit card bill and/or maintaining ay required balances in my bank account. To the fullest extent allowed by law, I agree to assume all liability for any fees, fines, costs, interest, or penalties charged to me by my bank and/or credit card company as a result of charges or payments made under this Agreement, and to assume all liability for any change in or loss of credit, or inability to obtain credit as a result of any charges or payments made under this Agreement. I further agree to indemnify , defend, and hold harmless employees, representatives, agents, and volunteers (the “Indemnified Parties”) from and against all claims, damages, costs, losses and other related expensed, including reasonable attorneys fees and court costs, arising out of or in any way related to any such fees, fines, costs, interest or penalties charged to me by my bank or credit card company, and for any such change in or loss of credit, or inability to obtain credit.

Limitation of Liability: TO THE FULLEST EXTENT ALLOWED BY LAW, I AGREE THAT LIABILITY FOR ANY BREACH OF THIS AGREEMENT BY ST. ROSE CATHOLIC SCHOOL OR FOR ANY OTHER MATTERS RELATING TO THIS AGREEMENT IS LIMITED TO THE AMOUNT PAID BY ME THROUGH MY CREDIT OR DEBIT CARD UNDER THIS AGREEMENT FOR THIS SCHOOL YEAR. THIS LIMITATION OF LIABILITY IS A CONDITION FOR THE ACCEPTANCE OF THIS AGREEMENT BY ST. ROSE CATHOLIC SCHOOL. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE TO ME OR TO ANY THIRD PARTY FOR ANY INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES ARISING OUT OF THIS AGREEMENT, WHETHER OR NOT ST. ROSE CATHOLIC SCHOOL OR ANY INDEMNIFIED PARTY WAS ADVISED OR THE POSSIBILITY OF SUCH DAMAGE.

I have read and understand and agree to the above-written statements, terms and conditions:

My Name (Printed): _____

My Name (Signed): _____

Date: _____