

**TUITION PAYMENT PREFERENCE FORM**

20\_\_ - 20\_\_

SAINT ROBERT SCHOOL  
214 East Henry Street  
Flushing, Michigan 48433  
(810) 659-2503

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ Email Address \_\_\_\_\_

STUDENT(S) NAME \_\_\_\_\_

Tuition for the \_\_\_\_\_ school year will be paid by: (please check one)

\_\_\_\_\_ Option 1 – Single Payment due on or before July 15<sup>th</sup>.

\_\_\_\_\_ Option 2 – Two Payment Plan (The first installment is due July 15<sup>th</sup> in the parish office. The second installment is due either December 5<sup>th</sup> or 20<sup>th</sup> through F.A.C.T.S. automatic payment plan.) **Please contact the parish office for an enrollment form.**

\_\_\_\_\_ Option 3 – Two Payment Plan (The first installment is due July 15<sup>th</sup> in the parish office. The second installment is due December 15<sup>th</sup> in the parish office. **Please mark your calendar, as reminder notices will not be mailed out unless your second payment is late and a \$30.00 late fee has been accessed.**

\_\_\_\_\_ Option 4 – F.A.C.T.S. monthly payment plan. (Payments budgeted over 10 months beginning in July. Payments can be made on either the 5<sup>th</sup> or 20<sup>th</sup> of the month. See brochure for additional information.)

If you choose to pay through the F.A.C.T.S. plan, please complete the F.A.C.T.S. Automatic Tuition Payment Agreement form. For the monthly payment plan a nonrefundable enrollment fee of **\$38.00** will be deducted as soon as the enrollment is received by F.A.C.T.S. For a single payment through F.A.C.T.S a nonrefundable enrollment fee of **\$10.00** will be deducted.

**PLEASE NOTE: IF YOU SELECT OPTIONS 1, 2 OR 3 AND PAYMENT IS NOT MADE BY DUE DATE, THEN A \$30.00 LATE FEE PER MONTH WILL BE ADDED TO THE AMOUNT DUE.**

This form, the registration agreement form, and the F.A.C.T.S. agreement form (if applicable) must be returned to the **parish office** by April 30<sup>th</sup> to guarantee enrollment.

I agree to make tuition payments for the \_\_\_\_\_ school year according to one of the options above. If paying the active and participating Catholic rate of tuition, I declare that our family is an active and participating Catholic family. As an active and participating Catholic family, we agree to contribute to the support of our parish. (A minimum offertory contribution of \$50.00 a month.)

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

We are a new St. Robert School family: Yes \_\_\_\_\_ No \_\_\_\_\_

A current St. Robert School family referred St. Robert School to us: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of referring family: \_\_\_\_\_