

**Bishop Chatard High School**  
**2009 – 2010 Tuition Information and Payment Option Form**

ALL families whose child(ren) will be attending BCHS next year must complete and return this form regardless of which payment option you choose. **IT MUST BE RECEIVED IN THE TUITION OFFICE BY May 11, 2009**

Name of parent/guardian financially responsible for student(s) tuition			E-mail address	
Street Address		City	State	Zip
Parish of which you are a participating member _____				
Student name (include last name if it is different from yours) and year of graduation (YOG):				
Student 1:	YOG	Student 2:	YOG	
Student 3:	YOG	Student 4:	YOG	

**Tuition –fees and policies for 2009-2010 are listed on the attached schedules.**

<b>Worksheet - use to determine your total balance due</b>	Amount
<b>Previous balance</b>	\$
Applicable tuition rate/capital fee (from attached sheet)	+
Graduation fee (Class of 2010) - <b>add \$150 per student</b>	+
Employee discount (requires verification form on file at BCHS)	-
Scholarship awards:	-
BCHS Financial Aid Award (award notifications were mailed to you)	-
Other credits - please list detail:	-
<b>Total balance due</b>	<b>\$</b>
Tuition deposit paid at the time of registration (\$350/1 student; \$500/2 or more students)	-
Other deposits paid	-
Discount for paying in full by June 23, 2009	-
<b>Total Balance Due (use this figure when completing the FACTS enrollment form, if applicable)</b>	<b>= \$</b>

**Payment option: (check one):** Annual \_\_\_\_\_ Monthly (FACTS only) \_\_\_\_\_ Quarterly (ACH only) \_\_\_\_\_

**My signature below indicates that I have read and understand the tuition and fee policies and agree to make all payments by the stated due dates. I further understand that:**

If I choose to pay Bishop Chatard High School by check, that the check must be drawn on a U.S. bank and that Bishop Chatard will assess a \$30 fee for returned checks.

If I choose to pay BCHS using either MasterCard or Visa, BCHS will assess a convenience fee of 3% to the total that I charge.

If I choose FACTS ACH, FACTS will assess a \$25 missed payment fee for any automatic payment or credit card charge that is denied.

If I choose automatic payments using a charge card, FACTS will assess monthly convenience fee equal of \$2.50 per \$100 paid using this method.

Signature of parent/guardian financially responsible for student(s) tuition: \_\_\_\_\_

Date: \_\_\_\_\_

Continued on other side

**Parent/Guardian Name:** \_\_\_\_\_

**Monthly FACTS payments:**

The tuition and fees are paid in ten (10) equal monthly installments using the FACTS Automatic Bank Payment-plan. If you choose a payment option that includes financing all or part of your tuition balance using FACTS ACH (electronic funds transfer) or credit card payment method, there will be a \$38 enrollment fee. Enrollment fees will be automatically transferred from your bank account within 14 days of your FACTS payment agreement being processed. *With this plan, payments are made via ACH and will begin July 5, 2009 and end on April 5, 2010.*

Please check one:

\_\_\_\_\_ *New to the FACTS plan, you must also complete the enclosed FACTS enrollment form.*

\_\_\_\_\_ *Renewal of FACTS plan, if you are currently enrolled in the FACTS plan AND there are no changes in responsible party or in your bank information, then you do not need to complete a FACTS enrollment form.*

**Quarterly ACH payments:**

The tuition and fees are paid quarterly June 23, 2009, October 5, 2009, January 5, 2010, and April 5, 2010. If you select this option, you must complete the information below as these payments will only be made via Electronic Funds Transfer (EFT).

**Authorization for automatic tuition withdrawals for quarterly payments**

Please note: If a payment date falls on a weekend or holiday, the EFT will occur on the next business day. Payment dates that occur during times the school is closed will be processed on the due date.

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Depository Institution (bank) name: \_\_\_\_\_

Authorized amount to withdraw each transaction: \_\_\_\_\_

**ENCLOSE A VOIDED CHECK WITH THIS FORM!**

By initialing at the end of this paragraph and signing on the bottom of this form, I hereby authorize Bishop Chatard High School to initiate withdrawal entries to my checking or savings account in the depository institution (bank) listed above, and I authorize the depository institution to withdraw the amount of such entries from my account. The authority is to remain in full force and effect on the dates listed on this form until Bishop Chatard High School has received written notification from me of its termination in such time and in such a manner as to afford BCHS and the bank a reasonable opportunity to act upon the termination request.

*INITIALS OF PARENT/GUARDIAN FINANCIALLY RESPONSIBLE FOR TUITION* \_\_\_\_\_