

TUITION PAYMENT PREFERENCE FORM

School Name: Cornerstone Christian School

Responsible Party: _____

Address: _____ City: _____ State: _____

Student(s) Name: _____ Year of Graduation: _____

For the _____ 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 Agreement Form.

- OPTION 1 Full Tuition Payment** due by 7/15/2018. This option entitles the responsible party to a 1% discount. This payment must be paid directly to the school by the due date.
*See note if payment is not received by the deadline.
- OPTION 2 Monthly Payments through FACTS.** This option entitles the responsible party to budget payments over _____ months through FACTS Management Company beginning August through May. Payments can be made on either the 5th or 20th.

**Note: As stated above under OPTION 1, discounts will be offered but will be voided if payment is not received by the deadline date. All families selecting OPTION 1 must complete a FACTS Tuition Agreement Form. These forms will be kept on file at the school and would only be forwarded to the FACTS Management Company in the event the tuition is not received by the deadline.*

COMPLETE ONLY IF RE-ENROLLING IN FACTS

Peace of Mind Tuition Protection Plan

FACTS offer an optional Peace of Mind Tuition Protection Plan. For a nonrefundable annual fee of \$20 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 for the current school year, unless you check a box below.

- Yes, please enroll me in the POM plan. I agree to pay a nonrefundable annual fee of \$20 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. The missed payment fee charged by FACTS will be \$53 beginning with FACTS Agreements for the 2018-2019 school year. If your bank information has changed from last year's FACTS Agreement: For security purposes please call FACTS 866-441-4637, these changes can only be made by the responsible party & FACTS. 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 20__/20__ 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

This form must be returned to your school by _____.
This form is for use in collecting information to complete agreements/re-enrollments.
DO NOT ATTACH THIS SHEET TO AGREEMENTS/RE-ENROLLMENTS.