

**SAINT ADALBERT CATHOLIC ACADEMY
TUITION PAYMENT PREFERENCE FORM
2023 - 2024 SCHOOL YEAR
(PARISHIONER AND NON-PARISHIONER AGREEMENT FORM)**

FAMILY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

NAME OF STUDENT #1 _____ GRADE ENTERING _____

#2 _____ GRADE ENTERING _____

#3 _____ GRADE ENTERING _____

#4 _____ GRADE ENTERING _____

TUITION FOR THE 2023-2024 SCHOOL YEAR WILL BE PAID BY:

_____ Option A: Full Payment by July 15, 2023

_____ Option B: Five Payment Plan due July 15, 2023, September 15, 2023
November 15, 2023 and January 15, 2024 and March 15, 2024

_____ Option C: Ten Monthly Payments through FACTS TUITION PROGRAM
July 2023- April 2024

*THIS FORM IS TO BE RETURNED AT THE TIME OF REGISTRATION AND MUST
BE SIGNED BY ONE PARENT OR GUARDIAN.

PARENT SIGNATURE: _____ DATE: _____

SCHOOL SIGNATURE: _____ DATE: _____

*School official--please check
Parishioner _____ Non-Parishioner _____