

**SAINT ADALBERT CATHOLIC ACADEMY  
TUITION PAYMENT PREFERENCE FORM  
2024 - 2025 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 2024-2025 SCHOOL YEAR WILL BE PAID BY:

\_\_\_\_\_ Option A: Full Payment by July 16, 2024

\_\_\_\_\_ Option B: Five Payment Plan due July 16, 2024, September 16, 2024  
November 18, 2024 and January 16, 2025 and March 17, 2025

\_\_\_\_\_ Option C: Ten Monthly Payments through FACTS TUITION PROGRAM  
July 2024- April 2025

**\*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 \_\_\_\_\_