

**ST. AUGUSTINE SCHOOL  
TUITION CONTRACT**  
*(Please print all information)*  
**(Only one form per family)**

**Family Name:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Parish/Town:** \_\_\_\_\_

Student's Name and Grade **entering** in **September 2010:**

<b>Name:</b> _____	<b>Grade:</b> _____
<b>Name:</b> _____	<b>Grade:</b> _____
<b>Name:</b> _____	<b>Grade:</b> _____
<b>Name:</b> _____	<b>Grade:</b> _____
<b>Name:</b> _____	<b>Grade:</b> _____

*Please indicate your payment preference by checking the appropriate option. Registration cannot be completed until this signed form is returned.*

\_\_\_\_\_ **Option 1    Prepaid Tuition    A non-refundable deposit of \$1,500.00 is due upon acceptance and the balance is due on or before July 15, 2010. Payment is made to:**

**St. Augustine School  
26 Central Street  
Andover, MA 01810**

\_\_\_\_\_ **Option 2    FACTS Payment Plan    A non-refundable deposit of \$1,500.00 is due upon acceptance paid directly to St. Augustine School and the balance is due in eight monthly payments from July 2010 to February 2011. FACTS payments will be deducted automatically from your designated banking institution. There is an annual \$38.00 service fee when choosing this option. This fee will be calculated into your monthly payments.**

**Person Responsible for Payment of Tuition:**

*Please circle one: Mr. / Mrs. / Ms.*

**First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone (    )** \_\_\_\_\_

**Cell Phone (    )** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

(X) \_\_\_\_\_  
*Signature of Person Responsible for Tuition*

\_\_\_\_\_  
*Date*