

**SAINT ADALBERT CATHOLIC ACADEMY  
TUITION PAYMENT PREFERENCE FORM  
2017 - 2018 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 2017-2018 SCHOOL YEAR WILL BE PAID BY:

\_\_\_\_\_ Option A: Full Payment by July 18, 2017

\_\_\_\_\_ Option B: Three Payment Plan due July 18, 2017,  
October 16, 2017 and January 19, 2018

\_\_\_\_\_ Option C: Ten Monthly Payments through FACTS TUITION PROGRAM  
July 2017- April 2018

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