



**Holy Cross Academy
TUITION AGREEMENT**

Responsible Party: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

TUITION AGREEMENT

I agree to register online with the FACTS tuition payment program within ten days of this signed agreement. I agree to make tuition payments for the upcoming school year according to the terms I select online with the FACTS Management Company (annual enrollment and missed payment fees apply). I have read the school policy regarding tuition and agree to abide by this policy. I understand that adjustments due to financial assistance or other fees due to the school will be made directly by the school.

I have attached the \$100.00 per child non-refundable registration fee.

Responsible Party's Signature _____ Date _____

Responsible Party's Signature _____ Date _____

OFFICE USE: amount _____ ck # _____ date rec'd _____