

# TUITION PAYMENT PREFERENCE FORM

St. Simon the Apostle -- 2010-2011 School Year

**MUST BE RETURNED TO COMPLETE SCHOOL REGISTRATION by February 26, 2010**

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tuition for the **2010-2011** school year will be paid by: (choose only one)

\_\_\_\_\_ **OPTION 1 Full Tuition Payment:**

Single payment is due *on or before* **July 1, 2010**. This option entitles the responsible party to a THREE percent (3%) discount. Please make check payable to St. Simon and send to Mary Thieret, Parish Office, 11011 Mueller Road, St. Louis, MO 63123. *You will receive a bill in May.*

**Note:** If payment is *not* received in the parish office on or before the due date, the discount will be voided and payments must be made through the FACTS Tuition Management Company.

\_\_\_\_\_ **OPTION 2 Monthly Payments through FACTS Tuition Management Company**

Under this plan the entire amount of tuition is paid monthly over a 12-month period beginning in July through the FACTS Tuition Management Plan. This plan is an automatic payment plan made through your checking or savings account. Those choosing this plan will authorize their financial institution to make automatic monthly payments to FACTS on either the 5<sup>th</sup> or 20<sup>th</sup> of each month. **SEE NOTE BELOW.**

**A nonrefundable ACH annual fee of \$41 will be collected within 14 days from the date FACTS Management Company receives new agreement from parish.**

\_\_\_\_\_ **OPTION 3 Monthly Payments Credit Card**

This plan is the same as #2 above but the payment due is charged to your credit card on the 5<sup>th</sup> or 20<sup>th</sup> of each month. Under this option, families are also responsible for the credit card convenience fee (currently \$2.50 per \$100 charged). *Must call 1-800-233-1096 to set up.*

**A nonrefundable annual fee of \$41 will be charged within 14 days from the date FACTS Management Company receives new agreement from parish.**

**NOTE: If Option 2 is chosen AND you are NOT currently enrolled in FACT's, please go online via [www.stsimonschool.org](http://www.stsimonschool.org) *FACTS E-Cashier* to complete agreement. If you do not have computer access, please contact Mary Thieret (314-842-3848 ext. 5) in the parish office for a paper agreement.**

I agree to make tuition payments for the **2010-2011** school year according to one of the options above. I have read the school policy regarding tuition and agree to abide by this policy.

X \_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date

**This form must be returned to your school by Friday, February 26, 2010**

# St. Simon the Apostle Catholic School

Embracing God's Grace

11019 Mueller Road • St. Louis, MO 63123 • 314-842-0181 FAX 314-849-6355

[www.stsimonschool.org](http://www.stsimonschool.org)

[www.fastdir.com/ssa](http://www.fastdir.com/ssa)

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## 2010 - 2011 REGISTRATION

Currently enrolled student(s) and entering Kindergarten

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ANNUAL FEE FOR 2010 - 2011 WILL BE \$ 230 per student.

\$ 100 due at registration and balance of \$ 130 will be added to your tuition payments.

RETURN REGISTRATION & CHECK TO SCHOOL OFFICE BY: February 26, 2010

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Student's Family Last Name \_\_\_\_\_

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(fill in only if information has changed)

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Student's Home Address

City

State

Zip

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City

State/Zip

Student's Home Telephone

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Student's Formal Name:

Grade 2010 - 2011

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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Parish Registered : St. Simon \_\_\_\_\_ Mary, Mother \_\_\_\_\_ Other \_\_\_\_\_  
Name of Parish

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Please list any other children in the family under age 5:

Child's Name

Age

Birthdate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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PLEASE CONTINUE ON OTHER SIDE

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**BUZZ BOOK INFORMATION:**

- Would you like your phone number listed in the St. Simon School Buzz Book?**
  
- Would you like your E-mail address listed in the St. Simon School Buzz Book?**

Name & Home Address to be listed in Buzz Book (list only if different):

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stepfather Name (if applicable):  
\_\_\_\_\_

Stepmother Name (if applicable):  
\_\_\_\_\_

Home phone number to be listed in Buzz Book:

Mom & Dad: \_\_\_\_\_ Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

E-mail address to be listed in Buzz Book:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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**School Reach**

Instant Parent Contact

In order to notify our families by phone within minutes of an emergency, unplanned event, or school cancellation and to receive information regarding school news, please fill out the information below.

Mother's Daytime Phone Number: \_\_\_\_\_

Father's Daytime Phone Number: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

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