

Below you will find information concerning tuition payments for the 2020-2021 school year. **Every family** must return this form for our files. Holy Cross will again contract with FACTS Management Corporation. **All are required to use this service unless paying in full.** Return this contract **by MARCH 26<sup>th</sup>**.

**Tuition Contract and Schedule  
2021-2022**

List Student's Name(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Number of children attending: \_\_\_\_\_

1 <sup>st</sup> Child	\$3800	(Cost to HCA: \$5,000)
2 <sup>nd</sup> Child	\$1900	(Cost to HCA: \$5,000)
3 <sup>rd</sup> Child, etc.	\$ 0	(Cost to HCA: \$5,000)

Total Family Tuition	\$ _____
Tax-Deductible Donation	\$ _____
Total Amount	\$ _____

*Select payment Schedule Option:* (payments beginning after July may be subject to late fees)

- \_\_\_\_\_ Ten equal monthly payments plus \$45 fee (July - April)
- \_\_\_\_\_ Eleven equal payments plus \$45 fee (July - May)
- \_\_\_\_\_ Two equal payments plus \$10 fee (July and January)
- \_\_\_\_\_ Total amount payable in full by June 15 (no fee)

- Your cost is reduced due to the sacrifices and generosity of others.
- Registration is *not* complete without signing and returning this Tuition Contract.
- **SIGN AND RETURN BY MARCH 26<sup>th</sup>.**

Make checks payable to: Holy Cross Academy  
4020 Barrington Road  
Oneida, NY 13421

I understand my responsibility and agree to pay for my child's education as indicated above. I also understand that the total cost is much greater than the amount I have been assessed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

Cell # (for text notifications) \_\_\_\_\_