

# Bethany Christian Schools

## Tuition Payment Preference Form 2009-10

Return this form to the school along with your *Application for Admission* or *Enrollment Confirmation*. One form is needed per family. If you have any questions, contact the business office at 574 534-2567.

Parent name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Student name(s) and next year's grade(s):

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**A. Church Support** (proceed to part B if you do not receive any assistance from your church)

Note: You may be unsure of the amount of support your church will be providing, or whether your church will join the Partnership Plan. You need only fill in your best guess at this time. If your church support turns out to be more or less than this amount, your payment can be adjusted later. Any overpayment/credit balance can be used for other programs (e.g. Interterm), carried forward to next year, or refunded.

Church: \_\_\_\_\_

\_\_\_\_\_ We expect our church to participate in the partnership plan.

\_\_\_\_\_ We do not expect our church to participate in the partnership plan; however, we do expect the following support from our church:

\$\_\_\_\_\_ per middle school student    \$\_\_\_\_\_ per high school student

**B. Tuition Payment Plans** (not applicable to families covered under a full-funding partnership plan):

Please select one of the following payment plans:

\_\_\_\_\_ Option 1. Single payment due on or before July 15, 2009. Paid directly to the school.

\_\_\_\_\_ Option 2. Two semester payments, due by July 15 and December 15, 2009. Paid directly to the school.

\_\_\_\_\_ Option 3. FACTS automatic monthly payment plan. Payments are budgeted over eleven months, beginning in April. Families not currently using FACTS must complete an enrollment form; families currently using FACTS need only to check this option to continue using FACTS for the new year.

You may add an amount for lunches to your FACTS payment by writing the monthly amounts next to each child's name at the top of the page. These amounts will be credited to each child's lunchroom account. Any credit balance can be carried forward to the next year or refunded.

\_\_\_\_\_ Option 4. I'm not sure yet as I will be applying for tuition assistance and will choose from options 1-3 once my net tuition is determined.

Agreement: I agree to make tuition payments for the 2009-10 school year according to the option selected above. I understand that early withdrawal of my child(ren) may result in an early withdrawal penalty (see green Financial Information form). I have read and agree to abide by the school policy regarding payment.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_