

## Holy Savior Academy

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

## **KINDERGARTEN - GRADE 8**

**CONTRACT** 2023 – 2024

## PLEASE COMPLETE BOTH SIDES

Please Select:				
	Baptized Catholic	<u>Other</u>		
1 Child 2 Children 3 Children 4 Children	\$ 5,600/year \$ 9,800/year \$12,600/year \$15,400/year	\$ 6,850/year \$11,990year \$15,415/year \$21,850/year		
Registration/Re-Registration Fee per Far Non - refundable and must accompany Applic				
Before Feb. 17, 2023 After Feb. 17, 2023	3	\$100.00 per family \$250.00 per family		
<u>Academic Fee (Books, supplies, compute</u> Non – refundable after August 1	er fee, etc.)			
Before June 1, 2023 After June 1, 2023* * Paid directly to HS	SA or billed thru FACTS	\$400.00 per student \$450.00 per student		
<u>Facilities Fee</u> – Billed thru FACTS if not r	received by August 1 \$550.	00 per family		

## KINDERGARTEN - GRADE 8 CONTRACT 2023-24

Payment Options: Select one			
Option 1. ONE FULL PAYMENT August 1, 2023. A \$10	, made directly to HOLY SAVIO 00.00 discount (per family) will be		
Tuition Payment Agree of this School Contract. Under	MENTS, August 2023 through M This option requires parent/guard ement with FACTS Management of this Agreement, I/We will authori syments to FACTS. The FACTS e	lian to sign up on Company that wi ze my/our financ	line a separate Automatic Il become part ial
If I/we fail to pay tuition/fees by the due date for payment plus the \$30.00 late fee is to be paid with bank refuses to honor my/our check, I/we will pay additional to any tuition/fees and late fee due. Hol payment in cash, money order or cashier check.	nin seven (7) days of the origin y Holy Savior Academy an ac	nal date. I/we fiditional \$30.00	further agree that if the preturned check fee in
If Option 2 is selected, payments will be made through	ugh FACTS.		
If any provision of this contract (and the Automatic payment Option 2 is selected) is not satisfied, H payment of all outstanding tuition and/or fees owed.	loly Savior Academy has the	right to dema	
Failure to make full and immediate payment will in child(ren) from Holy Savior Academy. x		ny that I/we inte	nd to withdraw my/our
I have read the above and I certify that I understan given in the "Registration Form" is true, accurate an		. I further certi	ify that the information
I understand that my financial obligations are to rewithheld until all financial obligations are met.	emain current. School record	s and extracurr	icular activities will be
Parent or Guardian Name:			_
	PRINT		
Parent or Guardian Signature:	Email address		
Address:			
Street	City		- Zip
Home Phone:	Cell Phone:		_
Full Name of Child:		Grade	
	PRINT		_
Full Name of Child:		Grade	
	PRINT		
Full Name of Child		Grade	
	PRINT		_
Relationship to Child:	Date:		_

www.HolySaviorAcademy.com