

Below you will find information concerning tuition payments for the 2024-2025 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 28<sup>th</sup>.

### Tuition Contract and Schedule 2024-2025

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

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

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

Address \_\_\_\_\_

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

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

1 <sup>st</sup> Child	\$4,300	(Cost to HCA: \$8,500)
2 <sup>nd</sup> Child	\$2,600	(Cost to HCA: \$8,500)
3 <sup>rd</sup> Child, etc.	\$ 0	(Cost to HCA: \$8,500)
Family Cap	\$6,900	(Cost to HCA: \$25,500)

Total Family Tuition	\$ _____
Tax-Deductible Donation	\$ _____ (To help cover actual cost to HCA)
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 (August and January)

\_\_\_\_\_ Total amount payable in full by August 15 (no fee)

Details if prior arrangements made \_\_\_\_\_

- Your cost is reduced due to the sacrifices and generosity of others. Please consider a greater contribution.
- Registration is *not* complete without signing and returning this Tuition Contract.
- **SIGN AND RETURN BY MARCH 28<sup>th</sup>.**

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

I understand my responsibility and agree to pay toward 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 Phone #(s) (for text notifications) \_\_\_\_\_