



OUR LADY OF FATIMA SCHOOL

A tradition of Catholic Faith, Family, Stewardship & Excellence

Registration & Financial Agreement 2024-2025 School Year

Family Name: _____ Family # _____

Home Address: _____ City: _____ Zip Code: _____

Telephone: _____ Email: _____

- Student's Name: _____ Grade In Fall 2024: _____
- Student's Name: _____ Grade In Fall 2024: _____
- Student's Name: _____ Grade In Fall 2024: _____
- Student's Name: _____ Grade In Fall 2024: _____

Registration Fees for 2024-2025 (Non-refundable & Non-Transferable)

FOR OFFICE USE ONLY

Grade	Annual Cost	# Of Students	TOTAL
TK Reg	\$260	x _____ =	\$ _____
K-8 Reg	\$620	x _____ =	\$ _____

\$ _____ Total

Submit this form and \$100 deposit per student by Feb 29th to be eligible for Early Bird Discount

FACTS Card Cash Check \$ < _____ > Payments Applied

Initial

Remaining Balance for 2024-2025 Registration* \$ _____ Due by May 24th, 2024

*Please initial here if you would like your 24-25 registration balance added to your FACTS account.

Annual Tuition Fee for 2024-2025:

11 MONTH PAYMENT PLAN (JULY 2024 - MAY 2025)

	K-8	TK ONLY	K-8 + 1/TK
1 CHILD	551.00	669.00	
2 CHILDREN	1,019.35	1,237.65	1,137.35
3 CHILDREN	1,487.70	1,806.30	1,605.70
4 CHILDREN	1,956.05	2,374.95	2,074.05

12 MONTH PAYMENT PLAN (JULY 2024 - JUNE 2025)

	K-8	TK ONLY	K-8 + 1/TK
1 CHILD	505.08	613.25	
2 CHILDREN	934.40	1,134.51	1,042.57
3 CHILDREN	1,363.73	1,655.78	1,471.89
4 CHILDREN	1,793.05	2,177.04	1,901.21

Please Circle A Monthly Payment Plan (Must be automatically withdrawn through FACTS)

I choose the 11 / 12 month payment plan. Please have FACTS draft this on the _____ day of each month.

Parent/Guardian Print and Sign

Date

By signing this form I acknowledge and consent to pay, in full, to Our Lady of Fatima School, the amount per the agreement chosen above for the 2024-2025 school year. The Registration balance (no discounts applied) is due by May 24th, 2024.