

2006-07 ENROLLMENT FORM

BRIDGEPORT DIOCESAN

SCHOOL

P.O. BOX 3859 - 3 TAMANNY TRAIL
DANBURY, CT 06813-3859

CAMPUS: SACRED HEART

Code# 68867

STUDENT INFORMATION

Enter the grade child will be in for 2006-2007

Name - PLEASE PRINT CLEARLY _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

PARENT/GUARDIAN (BILLING) INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Relationship to student(s) _____

Telephone _____ Parish Affiliation _____

PAYMENT SCHEDULE

11 **monthly** payments of \$ _____ each,
Commencing July , 2006 aggregating _____

4 **quarterly** payments of \$ _____ each,
July 2006, Oct. 2006, Jan. 2007 & April 2007,
aggregating _____

2 **semi-annual** payments of \$ _____ each,
July 2006 and January 2007, aggregating _____

1 **annual** payment due July, 2006 _____

TOTAL \$ _____

All payments plans will be administered by the FACTS Management Company in coordination with the Danbury Regional Business Office.

PAYMENT METHOD

Automatic deduction from your savings or checking account payments can be made on the 5th or 20th of the month. If you select this option complete the **red form** that is enclosed.

Invoice option-Invoices will be mailed on the 8th of each month with a payment due date of the 1st of the following month. If you select this option complete the enclosed **green form**.

Credit Card Payment-You may use your Master Card, Visa or Discover for process of your payment plan. There will be a 2.5% convenience fee If you elect to pay via this option you must enroll in FACTS by calling a Toll Free, (800-233-1096) number and your convenience fee will be established at the time of your phone call. If you select this option a Credit Card enrollment form with instructions will be mailed to your attention.

LATE CHARGE - A late charge of \$25 will be assessed to your account if payment is not received within 8 days from the payment due date. (Invoice payers)

MISSED PAYMENT FEE - A missed payment fee of \$25 will be assessed to your account for any checks returned by your bank unpaid. Also for families that elect the automated payment plan there will be a \$25 fee assessed by FACTS for any missed payments and your bank will also assess fees for insufficient fund charges.

*Please review the enclosed FACTS brochure for more information regarding your options. We must receive your Contact signed with your preferences indicated no later than _____2006

ENROLLMENT CONTRACT

I agree to accept the rules and regulations adopted by the School. I understand that the student's disregard of the rules and regulations of the School may be deemed sufficient cause for dismissal. **Furthermore, I agree to the policy of the School that, until an account is paid in full to date, no student will receive a report card, take field trips, or participate in graduation activities.**

I agree that the student may participate in all school activities, including athletics, and any school-sponsored trips away from campus, unless the school receives written notice to the contrary.

In order to reserve a place for your child in the 2006-2007 academic year, the parent or guardian must sign and return this contract to the school, together with the registration fee not later than March , 2006.

X _____
Parent or Guardian Signature _____ Date _____