



2017-18 FCCS Payment Authorization

By signing this form you authorize FCC to receive monthly payments to apply to your student's balance.

Student Name: _____

Grade Level _____

Parent/Gardian Signature: _____ Date _____

Phone: _____

Email: _____

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| <p>Tuition:</p> <p>Creative Pathways \$7,500.00</p> <p>Kindergarten - 5th Grade \$5,298.00</p> <p>6th - 8th Grade \$5,398.00</p> <p>9th - 12th Grade \$5,498.00</p> <p>Homeschool \$2,798.00</p> <p>Re-Enrollment Fee \$375.00</p> <p>New Enrollment Fee \$425.00</p> <p>Curriculum Fee \$400.00</p> <p>EPS \$1,200.00</p> <p>Tuition(less \$200 on 2nd,3rd, child) \$ _____</p> <p>Enrollment Fee \$ _____</p> <p>Curriculum Fee \$ _____</p> <p>Miscellaneous Fees \$ _____</p> <p>Less Deposit (\$50) _____</p> <p>Less Scholarship \$ _____</p> <p>Parent Responsibility</p> <p>Divide by 10 or 11 months *</p> <p>* Estimated monthly payment not to exceed this amount without written notice from the Finance Office</p> | <p>Credit Card Authorization</p> <p>Name on card: _____</p> <p>Card number: _____</p> <p>Exp: _____ CVV: _____</p> <p>Billing Zip: _____</p> <p>OR:</p> <p>Electronic Funds Transfer</p> <p>Name on account: _____</p> <p>Bank Name: _____</p> <p>Bank tracking number : _____ (first 9 digits)</p> <p>Bank account number: _____ (second set of numbers up to 12 digits)</p> |
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Comments: _____