

Faith **Heritage** Christian Academy Off-Campus

Fee Sheet

School Year: _____

Name of Responsible Parent: _____

Amounts Due with Enrollment: K-1st Grades \$85; 2nd-8th Grades \$100; 9th-11th Grades; 12th Grade \$215

Large Family Discount: 4 -5 students -\$20 off each enrolled student in same home / 6 or more -\$30 off each enrolled student

Testing included in fees for grades 2-10, if student tests with group at regularly scheduled testing times. \$30 fee other times.

Students full names, grade level, and fee amounts

_____	_____	\$ _____	K-1 st Grades \$85
_____	_____	\$ _____	2 nd – 8 th Grades \$100
_____	_____	\$ _____	9 th – 11 th Grades \$135
_____	_____	\$ _____	12 th Grade \$215
_____	_____	\$ _____	
_____	_____	\$ _____	See Family Discount above
Total of Discount:		-- \$ _____	

Total Amount Due: \$ _____ Full amount due with enrollment unless payment arrangements are approved.

Payment to be sent by mail should be by check or money order to **FHCA, P.O. Box 157, Millington TN 38083**

Check # _____ Date of check _____ Amount of Check _____ Balance due _____

Payment by **credit card** (A 3% convenience fee will be added)

Credit Card One-time payment authorization form, Send this form by mail (use address above) or FAX to (901) 872-0803 or **BEST** to email at OFFCAMPUS@FAITHHERITAGE.COM

Sign and complete this form to authorize Faith Heritage Christian Academy to make a one- time debit to your credit card listed. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. Your signature gives permission for a single transaction only, and does not provide authorization for any additional debits or credits to your account. Please fill in the information below, **including the convenience fee**:

I, _____ (name on the card), authorize Faith Heritage Christian Academy to charge my credit card account in amount of \$ _____ + 3% on or after ____/____/____ (full date). This payment is for _____ (services/goods).

Billing address of card _____ Phone# of card holder _____

City, St, Zip _____ Email _____

Account type: VISA M/C Amex Discover

Cardholder name _____

Account number _____ Expiration Date ____/____/____ CCN# _____

Signature _____ Date ____/____/____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods or services described above, for only the amount indicated above, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.