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-10th Grades $130; 11th-12th Grades $135 *

*12th Grade Graduation fee $75 due March 1, includes cap and gown, diploma, participation in required graduation ceremony.

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-1st Grades $85

________________________________     ______  $_______________________  2nd - 8th Grades $100

________________________________     ______  $_______________________  9th - 10th Grades $130

________________________________     ______  $_______________________  11th - 12th Grades $135

________________________________     ______  $_______________________  Grad. Fee $75 by March 1

________________________________     ______  $_______________________  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 280758, Memphis, TN 38168

Check # ___________ Date of check______________ Amount of Check__________________ Balance due_________________

Payment by credit card ($4 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.

I , _________________________________________(name on the card), authorize Faith Heritage Christian Academy to charge my credit card account in amount of $_____________________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.