

PRIMARY BILL PAYER

## Our Lady of the Holy Rosary - St. Richard Catholic School 18455 Franjo Road Cutler Bay, FL 33157

(305)235-5442

2023-2024

PLEASE ENTER FAMILY INFORMATION First Name of Parent/Guardian/Bill Payer	Last Name o	Last Name of Parent/Guardian/Bill Payer	
Street Address or P.O. Box		Apt. #	
City	State	Zip Code	
Home Telephone Number	Mobile Telephone Number (Required)		
E-Mail Address (Required)			
SELECT A PAYMENT METHOD			
FACTS will automatically debt my payments. Ins	structions will be e-ma	ailed by FACTS.	
August - May (10 months - \$41 enrollment fo	aa hillad with tha fire	ct month	
One payment (due August - \$15.00 enrollme			
Two payments (due August and due January			
ENTER STUDENT INFORMATION		• •	
Grade First Name of Studen	t Last Nai	me of Student	
PLEASE READ AND SIGN			
I agree to pay the amount established by my school			
payment by the specified date such inaction will re that FACTS may contact me via email and telephon			

DATE: