

**MONTHLY PAYMENT PLAN**

2020-2021 ENROLLMENT FORM

Holy Cross High School  
26-20 Francis Lewis Blvd  
Flushing, NY 11358

**Class** \_\_\_\_\_

**Primary Bill Payer (Please Print)**

The primary payer listed must sign the form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Daytime Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Additional Authorized Party  
(This person will be authorized to make payments and access account information)

**Student Information**

Please list all students attending this school to be enrolled in the monthly program.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Payment Method**  
(There is one time charge of \$35 for the year)  
Please check below

Coupon Book

Pay by Credit Card or Debit Card

I authorize Holy Cross High School to charge my credit or debit card for the purpose of a payment for tuition.

**Credit Card**—(Please Print number clearly)

# \_\_\_\_\_ Exp.Date \_\_\_\_\_

Primary Bill Payer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payments are due on or before the 10<sup>th</sup> of each month.**

**Late Charge will be billed to your account each month if your payment is not received by the due date.**

**Payment begins July 2020 thru April 2021**