



Program Name _____

FEE PAYMENT CONTRACT
2020-2021

Student Name: _____

Student Phone Number: _____

Fee Amount: _____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Parent/Guardian Phone Number: _____

Parent Email Address: _____

I do hereby agree to pay course fees in full no later than November 16, 2020. A down payment (or sum of multiple payments) of a minimum of \$50.00 must be made by October 5, 2020 unless otherwise approved by administration. I agree to notify the Bookkeeper in a timely manner if I have a change of any of my information (address, phone number, and/or email address).

Any unpaid course fees will be reported to the student's home school on December 1, 2020. These fees will need to be paid to clear all fees held by the home school. The policy held by the home school will determine if the student will not be allowed to participate in specific school activities, to possibly include walking in graduation.

Parent Signature

Date

Student Signature

Date

Secretary Signature on date form was given

Date

Bookkeeper Signature on date form was received

Date



PAYMENT RECONCILIATION

Payment Amt	Receipt Date	Amt Paid	Balance

Do Not Fill Out – School Use Only

Contract Start Date _____

Initials _____

Contract Completion Date _____

Initials _____

Total Paid _____

Initials _____

Notes (to include notification of parents/guardians, students, and home school)

Initials _____

Initials _____

Initials _____

Initials _____

Initials _____

Initials _____

Initials _____