Student: _____ Grade _____

RECORD OF PAYMENTS

FOR OFFICE USE ONLY

DATE	BALANCE	PAID	BALANCE DUE	CONS. MAT.	BOOK RENTAL

EACS Fi-3
6/05 (R)

TIME PAYMENT PLAN

Dear Parent/Guardian:

If it is necessary to make time payments for the school book fees, sign and return this form to the school office tomorrow. Please select one of the plans below and make every effort to abide by the plan you have selected. Failure to abide by this agreement will be just cause for East Allen County Schools to take action. If payment is not completed by February 28, your account will be turned over to a collection agency and you will be charged for the agency fee (up to 40%) as well as the balance owed from the book fees.

Thank you for your cooperation.

Use one form per student

Student's Name _____ Grade _____

I, the parent/guardian of the student listed above, understand that I owe $ _____ to the East Allen County Schools and will make full payment by November 1st of this school year.

I, the undersigned am forwarding payment of $_____ per month (minimum of $30) until the final balance is paid in full by February 28th of this school year. (This amount is due the first business day of each month).

I understand that if I fail to complete my payments by February 28 my file will be turned over for collection. I understand I will be charged the balance owed as well as the agency fee (up to 40%).

Name _____ Date _____
Printed

Signature _____ Soc. Sec. # _____ - _____ - _____
Parent/Guardian

Name _____
Printed

Signature _____ Soc. Sec. # _____ - _____ - _____
Parent/Guardian

Address _____ Telephone _____