

**FLOWING WELLS HIGH SCHOOL
PAYMENT PLAN**

Date: _____

Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____

I. D. #: _____ Grade: _____

Parent/Guardian Information:

Name: _____

Relationship to Student: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number(s): _____

Current total amount owed: \$ _____.

I agree to the following payment terms:

Payments will be made of \$ _____.

Frequency of payments will be: **Weekly / Monthly**.

Weekly payments will be on: **M T W Th F** of each week.

Monthly payments will be made on the _____ of each month.

This total does not include any debts that the student may incur from this point forward (i.e. damaged/unreturned books, equipment etc.). Failure to make payments may result in students not being able to pick up yearbooks, purchase formal/prom tickets, receive diploma and/or be dropped from classes with fees.

This agreement is entered into by Flowing Wells High School and parties listed above.

Parent /Guardian **Date**

Student **Date**

District Employee **Date**