

**Greenfield-Central Community School Corporation
2017/ 2018 School Year
Book Rental and Fees Payment Agreement**

Name of Student _____ Grade _____ School _____

Parent Information

Father _____
 First Middle Last

Social Security # _____ Drivers License Number _____

Home Phone _____ Work Phone _____

Home Address _____

Place of Employment _____

Employer Address _____

Mother _____
 First Middle Last

Social Security # _____ Drivers License Number _____

Home Phone _____ Work Phone _____

Home Address _____

Place of Employment _____

Employer Address _____

All payment schedules must be continued with regular payments. I understand that I am financially responsible for book rental fees and any charges the school may assess for but not limited to lost books, cafeteria fees, library books, extracurricular activities, fund raising and tuition. I shall also be responsible for all reasonable costs of the collection of this account, which may include but not limited to, late fees, client collection fees, collection agency fees, reasonable attorney fees and court costs on any outstanding balance.

**I will pay \$ _____ weekly OR I will pay \$ _____ bi-weekly.
 Bill will be paid in full by _____ (must be paid in full by September 22)**

Father's Signature _____ Mother's Signature _____

For office use only

Book Rental and Fees for the 2017 / 2018 school year \$ _____

Date	Amount	Balance	Date	Amount	Balance