

**Greenfield-Central Community School Corporation  
2018/ 2019 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 21)**

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

**For office use only**

Book Rental and Fees for the 2018 / 2019 school year \$ \_\_\_\_\_

<b>Date</b>	<b>Amount</b>	<b>Balance</b>	<b>Date</b>	<b>Amount</b>	<b>Balance</b>