

**Greenfield-Central Community School Corporation  
2012/2013 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 \_\_\_\_\_

I will pay \$ \_\_\_\_\_ weekly    OR    I will pay \$ \_\_\_\_\_ bi-weekly.  
 Bill will be paid in full by \_\_\_\_\_ (must be paid in full by October 1)

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

**All payment schedules must be continued with regular payments. Any parent/guardian delinquent on payment schedules will be submitted to a collection agency for small claims court proceedings.**

**For office use only**

Book Rental and Fees for the 2012/2013 school year \$ \_\_\_\_\_

Date	Amount	Balance	Date	Amount	Balance