

BOOK RENTAL PAYMENT AGREEMENT

RICHLAND-BEAN BLOSSOM COMMUNITY SCHOOL CORPORATION

Building _____ School Year _____ Enrollment Date _____

Student Name _____ Grade _____ Amount Due \$ _____

Student Name _____ Grade _____ Amount Due \$ _____

Student Name _____ Grade _____ Amount Due \$ _____

Student Name _____ Grade _____ Amount Due \$ _____

Total Book Rental Fees Due..... \$ _____

As I am unable to pay the total book rental fees for my student(s) at this time, I will: (initial one of the payment plans below)

_____ I am paying the total book rental fees by August 31.

_____ I am paying the total book rental fees in four equal payments as follows:

Registration \$ _____ September 15 \$ _____ October 15 \$ _____ November 15 \$ _____

If you have special circumstances and are unable to make these deadlines, please talk to Shanna Oliver, 812-876-7100, RBBCSC Small Claims Representative if you cannot make payment by Nov. 15th.

_____ I am applying for State Textbook Assistance. I understand that State Textbook Assistance pays for only a portion of the book rental fees and it does not pay anything towards consumable or fees. I will make monthly payments of \$ _____ beginning at Registration.

****FAILURE TO MEET YOUR SELECTED PAYMENT PLAN WILL AUTOMATICALLY SUBJECT YOU TO COLLECTIONS.****
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 raisings 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.

.....
Father's or Guardian's Name _____ Home Phone _____

Social Security Number _____ DOB _____ Driver's License Number _____

Place of Employment _____ Work Phone _____

Employer's Address _____
(Street Number & Name) (City, State & Zip Code)

Mother's or Guardian's Name _____ Home Phone _____

Social Security Number _____ DOB _____ Driver's License Number _____

Place of Employment _____ Work Phone _____

Employer's Address _____
(Street Number & Name) (City, State & Zip Code)

I HAVE READ AND UNDERSTAND ALL TERMS OF THIS AGREEMENT.

Signature of parent or guardian _____ Date _____

Home Address _____
(Street Number & Name) (City, State & Zip Code)

NOTE: PARENTS/GUARDIANS ARE TO RECEIVE A COPY OF THIS AGREEMENT