



**Enter Student Information**

STUDENT FIRST NAME	STUDENT LAST NAME	GRADE

**Please read and sign:**

I have read and agree to the terms and conditions of the school policy. I agree that the school may re-enroll me in the PayHup/Pay Simple program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, a service fee of \$35.00 will be assessed the account. A \$30.00 fee will apply for the any returned checks.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_