



EVERGREEN PARK COMMUNITY HIGH SCHOOL DISTRICT 231
 9901 S. Kedzie Avenue Evergreen Park, Illinois 60805-3416
 Phone: 708/424-7400 Fax: 708/424-7497
 www.evergreenpark.org



School Year 2020-21 Student Fees Payment Agreement

This Agreement is made and entered into the date set forth below by and between **Evergreen Park Community High School District 231** (the "District") and _____.
 Parent/Custodian

Whereas, the Parent/Custodian acknowledges and agrees that he/she is responsible for student fees and other costs, fines, etc. in the total amount of \$ _____; and

Whereas, the Parent/Custodian has requested permission to enroll his/her student(s) in exchange for entering into this Payment Agreement; and

Whereas, the District and Parent/Custodian agree that it is in the best interest of both parties to enter into this Payment Agreement.

Now therefore, in consideration of the foregoing and the other terms and conditions contained herein, the Parties agree as follows:

The Parent/Custodian shall pay the full student fees debt as follows:

A minimum of twenty percent (20%) payment at the time of registration (\$ _____) and four (4) payments equal to twenty percent (20%) of the total balance, as stated above, on October 1, December 1, February 1, and April 1, with full payment due no later than April 15, 2021. Certain fees including but not limited to behind-the-wheel driver's education and summer school will NOT be included in the payment plan and must be paid in full.

The Parent/Custodian agrees that if they fail to make any payment on the dates set forth above, **the District may, without notice, apply late payment charges to the respective student's account.**

The Parent/Custodian agrees that if they fail to make any payment on the dates set forth above, **the District may, without notice, declare the entire amount due and send it to an outside agency for collection purposes.**

In witness whereof, the Parties have executed this Payment Plan Agreement on the dates set forth below:

 First Student's Name (Please print)

 Second Student's Name (Please print)

 By: Parent/Guardian (Please sign)

 Date

Thomas O'Malley

 By: Thomas O'Malley
 Superintendent

 / /

 Date
 7/6/2020

 Date