

CENTRAL ISD PAYMENT SCHEDULE

Student's Name: _____

Campus: _____ Grade: _____ Teacher: _____

(*2nd Student's Name: _____ Grade: _____)

(*3rd Student's Name: _____ Grade: _____)

Home Phone: _____ Cell: _____

Mother's Name: _____ Work: _____

Father's Name: _____ work: _____

Do not write below this line

PAYMENT DUE ON THE 1st OF EACH MONTH

Date Payment Sent for:	Check Number	Amount	Sent By:	Received By:
Aug				
Sept				
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
Apr				
May				

Please call office if we need to replace envelope if lost or destroyed.

(936)853-2216

Parent Agreement: I understand that fees will be due on or before the **1st** of each month. Any unpaid fees will be turned over for collections and Afterschool Services could be terminated. Return check fees will be applied if necessary. **There will be a late fee charged for late pick-ups.**