

**MOKENA SCHOOL DISTRICT 159
APPLICATION FOR STUDENT FEES PAYMENT PLAN**

For school year beginning **August 2021**

Parent/Guardian Information (Please Print) - **REVTRAK CREDIT CARD PAYMENT PLAN**

Phone Numbers

Home

Cell

Work

Last Name

First Name

Address

City

State

Zip

Student Information – Print names of each student living with you for whom you are requesting a fee payment plan.

Student Name	Grade in 2021-22	School Attending	Registration fee per quarter*	Transportation fee per quarter*	Total Student Fees Per Quarter
1.					A.
2.					B.
3.					C.
4.					D.

Grand Total fees to deduct per quarter (A+B+C+D):

I certify that I am the parent/guardian of the child/children listed above and that I am requesting a student fee payment plan. I authorize the credit card on file ending in [] be charged on the payment schedule dates listed below, whereby the respective fee of \$[] will be automatically charged. I understand that if I choose to make a full payment I will notify the school district immediately to stop this payment plan and avoid any over payments.

4 Installments –

Friday - August 20, 2021	Friday - October 15, 2021	Friday – December 17, 2021	Friday - March 11, 2022
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Signature of Parent/Guardian

Date

***Fee Payment Chart**

<u>Registration Fees</u>		<u>* Fee Breakdown</u>	<u>Transportation Fees (Verify Fee Amount In Skyward)</u>		
K – 8 Grade	\$250.00	\$62.50/qtr/child	Under 1.5	\$375.00	\$93.75/quarter

COMPLETE OTHER SIDE

(OVER)

(This form must be turned into the District Office no later than August 13, 2021 for processing).

CREDIT CARD AUTHORIZATION FORM for 2021-2022

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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Account Holder Printed Name: _____

Signature: _____

I authorize Mokena School District 159 to initiate debit entries to the credit card account indicated below. I further authorize the District to initiate credit entries to the account listed below to correct any errors. This authority is to remain in full force and effect until the district has received written notification from me of its termination in such time and in such a manner as to afford the District and the institution a reasonable opportunity to act on it prior to deposition to the account.

AUTHORIZED CREDIT CARD	
CARD HOLDER'S NAME:	
CREDIT CARD NUMBER:	
EXP. DATE: _____	CCV#: _____
CREDIT CARD TYPE:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER

OFFICE USE ONLY:

1 st Installment - August 20, 2021:	Order #
2 nd Installment – October 15, 2021:	Order #
3 rd Installment – December 17, 2021:	Order #
4 th Installment – March 11, 2022:	Order #