TUITION PAYMENT AGREEMENT- HIGH SCHOOL

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: Lisa Coon

 Missoula County Public Schools

 915 South Avenue West

 Missoula, MT 59801

 (406) 728-2400 Ext. 3025

FROM: Parent/Legal Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: High School Tuition Payment

 **PLEASE ATTACH FIRST PAYMENT WITH THIS FORM.**

**\*THIS FORM WILL NOT BE PROCESSED UNTIL PAYMENT RECEIVED\***

I agree to pay tuition in the amount of $1427.20 for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the 2018 -2019 school year. Enrollment is subject to availability of student space.

I choose the following payment option:

\_\_\_\_\_1. I will remit the full amount of $1427.20 now.

\_\_\_\_\_2. I will remit the first tuition installment of $713.60 now and on February 10, 2018 I will remit $713.60 for the second tuition installment.

\_\_\_\_\_3. I will make eight consecutive monthly payments of $178.40. The first payment is attached to this agreement.

If paying by credit card please complete info on attached form and return with the agreements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address