

CLEARFIELD HIGH SCHOOL

931 SOUTH 1000 EAST
CLEARFIELD, UT 84015
801-402-8200

Payment Plan Contract for Registration and Class Fees

In the event you are unable to pay the full amount of school registration and class fees, and you do not qualify for a school fee waiver, please complete this form and return to the main office. **Please note, this contract is for registration and class fees only (not athletic, club, or activity fees).**

Student Name: _____ Grade: _____ Student # _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Total Amount Due: _____ Description of Fees: _____

Initial Amount Due: _____ (Additional class fees may be added depending on course schedule).

Payment Schedule

Payment Amount

September 30, 2021

25% of original registration balance (plus added class fees).

October 29, 2021

25% of original registration balance (plus added class fees).

November 30, 2021

Balance of registration and class fees.

I AGREE TO PAY THE ABOVE AMOUNT ON THE DATES INDICATED TO CLEARFIELD HIGH SCHOOL. I UNDERSTAND THAT IF I DEFAULT, MY ACCOUNT WILL BE SENT TO BONNEVILLE COLLECTIONS FOR COLLECTION OF THE ABOVE FEES. ALL DELINQUENT ACCOUNTS WILL BE CHARGED AN INTEREST RATE OF 1.5% PER MONTH (18% PER ANNUM). IN THE EVENT ANY BALANCE IS NOT PAID AS AGREED, THE UNDERSIGNED AGREES TO PAY A COLLECTION FEE NOT TO EXCEED 40% OF THE UNPAID BALANCE. IN THE EVENT OF A LAWSUIT TO COLLECT THE UNPAID BALANCE, THE UNDERSIGNED FURTHER AGREES TO PAY COURT COSTS AND REASONABLE ATTORNEY'S FEES IN ADDITION TO THE COLLECTION FEE. YOU ARE AUTHORIZING US TO CALL YOU AT ANY NUMBER YOU PROVIDE OR AT ANY NUMBER AT WHICH WE REASONABLY BELIEVE WE CAN CONTACT YOU, INCLUDING CALLS TO MOBILE, CELLULAR, OR SIMILAR DEVICES FOR ANY LAWFUL PURPOSE. YOU AGREE TO ANY FEE(S) OR CHARGE(S) THAT YOU MAY INCUR FOR INCOMING CALLS FROM US, AND/OR OUTGOING CALLS TO US, TO OR FROM ANY SUCH NUMBER, WITHOUT REIMBURSEMENT FROM US.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINCIPAL'S SIGNATURE OF APPROVAL: _____ DATE: _____

Please know we are willing to work with you on payment of school fees. If you have questions about school fees, or your financial situation has changed, and you want to discuss a pay plan further, please contact Principal Chris Keime at 801-402-8200 or ckeime@dsdmail.net

Office Use Only

Payment Date: _____ Amount: _____

Notification Date: _____

Method: _____

Collections Date: _____
