

Viewmont High School

120 W 1000 North  
Bountiful, UT 84010  
801-402-4200

Payment Plan Contract

In the event that you are not able to pay the full amount of school fees owed to VHS at this time and you do not qualify for a school fee waiver, please fill out the following form and return to the main office.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student # \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Initial Amount Due: \_\_\_\_\_ (Additional Class fees may be added depending on schedule)

Terms: Amount each month \_\_\_\_\_ Payment Start date \_\_\_\_\_

**Deposit - 20 % Down Payment Required** at the time of turning in this contract

**I agree to pay the above amounts on the dates indicated to Viewmont High School by \_\_\_\_\_.**

**I understand that if I default, my account will be sent to Bonneville Collection Agency for collection of the above fees.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

Payment Date	Payment Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Required Automatic payment:</u> (Visa, Mastercard, American Express, Discover)	
Name on Card _____	Exp. Date _____
Card # _____	Secure Code _____