



CLINT INDEPENDENT SCHOOL DISTRICT

Technology Fee Payment Plan Agreement Form

Purpose: Clint ISD is committed to ensuring all students have access to necessary educational technology. If your family is experiencing temporary financial constraints and is unable to pay the technology fee upfront, please complete this form to establish an alternative installment payment plan.

***Please note: A separate form must be completed for each individual student.**

1. STUDENT INFORMATION

Student Full Name: _____ Student ID: _____
School: _____ Grade Level: _____

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____
E-mail Address: _____ Phone Number: _____

3. PAYMENT PLAN SCHEDULE DETAILS

Please indicate the proposed installment option below:

- Two-Installment Option:** Two equal payments of 50% of the total fee.
- Four-Installment Option:** Four equal monthly payments of 25% of the total fee.
- Custom Plan:** Alternative schedule proposed due to extreme circumstances (Subject to Campus Principal Approval).

Installment No.	Proposed Due Date	Payment Amount (\$)
Payment 1 (Deposit)	Immediate / On Setup	\$
Payment 2		\$
Payment 3		\$
Payment 4		\$

4. PARENT/GUARDIAN SIGNATURE & AFFIRMATION

By signing below, I acknowledge my financial responsibility for the technology fee associated with the device issued to my student. I agree to adhere to the payment schedule selected above. I understand that failure to make scheduled payments may result in a review of student device privileges or the withholding of administrative clearances, in accordance with Clint ISD district policies.

Parent/Guardian Signature

Date

FOR DISTRICT / CAMPUS OFFICE USE ONLY

Date Received: _____

Received By: _____

Action Taken:

Approved Plan

Denied / Referred to Fee Waiver Request

Notes/Reason:

Authorized Campus Administrator Signature

Date