



PROMISE TO PAY DERBY PUBLIC SCHOOLS (CREDITOR)

(All fields must be complete to be accepted)

Date of Form Completion: _____

Attendance Center: _____

Student(s) Name: _____

Parent/Legal Guardian Name(s)(debtor): _____

Address: _____ **Parent/Guardian SSN:** _____

City: _____ State: _____ Zip Code: _____

This letter is an authorization for you to pay student fees in the amount of \$_____.

I agree to pay the amount stated above or per the following schedule:

Amount: _____ Date: _____

Amount: _____ Date: _____

Amount: _____ Date: _____

Final payment for all obligations are due no later than May 31 of the current school year.
No interest is accrued on this transaction and Derby Public Schools is not requesting collateral.

Parent/Guardian Signature

Director of Finance

It is the policy of USD 260 to use the State Setoff Program to collect delinquent fees in accordance with the State Setoff Program. The Kansas Department of Administration will pursue various avenues to collect funds owed.