



DATE: _____

PAYMENT PLAN

STUDENT: _____ CLASS: _____

ACTIVITY: _____

TOTAL COST: \$ _____

CRN	
INVOICE NO.	
STUDENT NAME	
SCHEDULE AMOUNT	
FREQUENCY – (Please circle)	Weekly/Fortnightly/ Monthly/ Quarterly
START DATE	
NO. OF PAYMENTS	

PARENT NAME: _____

PARENT SIGNATURE: _____