

## PAYMENT PLAN AGREEMENT FORM

Although student fees are **due in full at time of registration**, we understand that in certain circumstances full and immediate payment of these fees may place a financial burden on some families. If you are unable to remit full payment, please fill out this Payment Plan Agreement Form and return it to your school site office. A Payment Plan Agreement is not in effect until approved by the business office and first payment has been made or accompanies this form.

**AGREEMENT:** I agree to make **Quarterly** payments to Oconomowoc Area School District until the student fees for the current school year are paid in full. (*Payment plans are calculated by the total outstanding amount divided by 4.*)

- Payments are due as follows:
  - 1st payment is due September 15th
    - This payment must be made prior to a payment plan agreement being approved, see table below for payment amount.
  - $\circ$  2nd payment is due November 15th
  - o 3rd payment is due February 15th
  - Final payment due May 15th
- Payment plans are considered void once a payment is missed. The remaining outstanding balance must then be paid within 30 days or it will be referred to Waukesha County Collections.
- If you sign up for a payment plan, please note that you are agreeing to the payment schedule list below. Fee Statements that are sent by OASD will not match to this schedule.
- I understand that fees for <u>tangible items</u> such as music instrument rental, parking, padlocks, goggles, assignment notebooks, earbuds/headphones, yearbooks, ID replacements, library fines, Chromebook damage/replacement are not eligible for a payment plan and **must be paid in full before a payment plan will be approved.**

Student's First and Last Name:		School:	
Parent/Guardian Address:			
Phone Number:	E-mail:		
Printed Parent/Guardian Name:			
Signature of Parent/Guardian:		Date:	

PLEASE RETURN THIS FORM TO YOUR STUDENT'S SCHOOL SITE OFFICE. If you have children at more than one school site, **please fill out a separate form for each student**. To view and make payments on your outstanding fee balance, please go to the District website, select Family Resources/Family Access Login/Fee Management. Please allow 2-3 weeks at the beginning of the school year for all payment plan information to be reviewed by District personnel. If you have questions, please contact your school office.

 Greenland Elementary: (262)-560-8100
 State

 Ixonia Elementary: (262)-560-8400
 N

Summit Elementary: (262)-560-8300 Nature Hill Intermediate: (262)-569-4940

## Declaracion de Traduccion

Estamos trabajando diligentemente para traducir nuestros documentos al español. Por favor comuníquese con la escuela de su hijo para aclaración. Si todavía necesitas aclaración, por favor comuníquese con Martita Mirsberger al (262) 560-8306 ext 8343.

## Nondiscrimination

The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.



Meadow View Elementary: (262)-560-8000 Silver Lake Intermediate: (262)-560-4300 Park Lawn Elementary: (262)-560-8200 Oconomowoc High School: (262)-560-3100 At the **Elementary school** level **ONLY** the Annual fee is eligible for a payment plan GRADE PAYMENT PAYMEN PAYMENT PAYMENT TOTAL 1 Т2 3 4 BELOW AMOUNT PLUS ANY INCIDENTAL FEES K4 (& EC) \$7.50 \$7.50 \$7.50 \$7.50 \$30.00 К5 \$13.75 \$13.75 \$13.75 \$13.75 \$55.00 **GRADES 1-4** \$20.00 \$20.00 \$20.00 \$20.00 \$80.00 At the Intermediate school level ONLY the Annual fee is eligible for a payment plan PAYMENT PAYMENT TOTAL GRADE PAYMENT PAYMENT 1 2 3 4 BELOW AMOUNT PLUS ANY INCIDENTAL FEES 5-8 \$21.25 \$21.25 \$21.25 \$85.00 \$21.25 At the High school level ONLY the Annual fee and AP/IB courses fees are eligible for a payment plan GRADE PAYMENT PAYMENT PAYMENT PAYMENT TOTAL 1 2 3 4 BELOW AMOUNT PLUS

\$23.75

\$24.50

\$30.50

\$23.75

\$24.50

\$30.50

\$23.75

\$24.50

\$30.50

\$95.00

\$98.00 \$122.00

ANY INCIDENTAL FEES

\$23.75

\$24.50

\$30.50

Declaracion de Traduccion

9-12

**AP COURSES** 

**IB COURSES** 

Estamos trabajando diligentemente para traducir nuestros documentos al español. Por favor comuníquese con la escuela de su hijo para aclaración. Si todavía necesitas aclaración, por favor comuníquese con Martita Mirsberger al (262) 560-8306 ext 8343.

Nondiscrimination

The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.