

BOOK RENTAL PAYMENT AGREEMENT
RICHLAND-BEAN BLOSSOM COMMUNITY SCHOOL CORPORATION

Building: _____ School Year _____ Enrollment Date _____

Student Name: _____ Grade _____ Amount Due \$ _____

Student Name: _____ Grade _____ Amount Due \$ _____

Student Name: _____ Grade _____ Amount Due \$ _____

Student Name: _____ Grade _____ Amount Due \$ _____

Total Book Rental Fees Due..... \$ _____

_____ As I am unable to pay the total book rental fees for my student(s) at this time, I will: (initial one of the payment plans below)

1.) _____ pay the total book rental fees by Oct 15th. 2.) _____ pay 4 equal payments (Oct 15, Jan 15, March 15, May 15)

3.) _____ pay monthly in equal installments (Oct 15, Nov 15, Dec 15, Jan 15, Feb 15, Mar 15, Apr 15, May 15)

***** If you have special circumstances and are unable to make these deadlines, please talk to Derek Latham,
812- 876-7100, RBBCSC Small Claims Representative if you cannot make payment by June 1st.

_____ I am applying for State Textbook Assistance. **I understand that State Textbook Assistance pays for only a portion of the book rental. It does not pay anything towards fees.** A 2020-2021 Household Application for Free and Reduced Price School Meals must be completed and approved before receiving state assistance. The application can be found in Harmony Family Access. You must indicate that you want to receive Textbook Assistance under Step 5 on the application. You will not receive textbook assistance if you do not request it.

I will make monthly payments of \$ _____ beginning on Oct 15th

****FAILURE TO MEET YOUR SELECTED PAYMENT PLAN WILL AUTOMATICALLY SUBJECT YOU TO COLLECTIONS.**** I understand that I am financially responsible for book rental fees and any charges the school may assess for but not limited to lost books, cafeteria charges, lost or non-returned library books, and extracurricular activities. I shall also be responsible for reasonable costs of the collection of this account, which may include late fees, client collection fees, collection agency fees, reasonable attorney fees and court costs on outstanding balances.

Mother's or Guardian's Name _____ Home Phone _____

Social Security Number _____ DOB _____ Driver's License # _____

Address _____
(Street Number & Name) (City, State & Zip Code)

Father's or Guardian's Name _____ Home Phone _____

Social Security Number _____ DOB _____ Driver's License # _____

Address _____
(Street Number & Name) (City, State & Zip Code)

I HAVE READ AND UNDERSTAND ALL TERMS OF THIS AGREEMENT.

Signature of parent or guardian _____ Date _____

NOTE: PARENTS/GUARDIANS ARE TO RECEIVE A COPY OF THIS AGREEMENT