**Rossville Schools**

**TEXT BOOK RENTAL PAYMENT PLAN**

I, \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of the student(s) listed below, understand that I owe a balance of $ \_\_\_\_\_\_\_\_ for book rental/fees for the 2021 - 2022 school year.

Textbook Payment Plan Options

\_\_\_\_\_ Delayed Payment Plan Delayed Pymt $ \_\_\_\_\_\_\_ per listed month.

I agree to make the first payment by September 3, 2021. The balance paid in full by October 1, 2021. These payments are to be made at the Rossville MS/HS office or Efunds. Checks payable to RCSD.

\_\_\_\_\_ Quarterly Payment Plan Quarterly Pymt: $ \_\_\_\_\_\_ per listed month.

First payment is due on September 3, 2021, second payment due November 5, 2021, third payment due February 4, 2022 and final payment due May 6, 2022. These payments are to be made at the Rossville MS/HS office or Efunds. Checks payable to RCSD.

Book Corp.

Student Name Rental Consumables Fees Total

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GR \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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I understand that failure to pay book rental and associated fees on said dates will result in legal action.

Account will be turned over to TRECS for collection.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature ECA Treasurer Signature**

**If your mailing address is a PO Box, include your street address along with your PO Box.**

\*Parent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to qualify ALL \* ITEMS MUST BE FILLED OUT**