



Contractual Agreement for Student Fees

Monthly Payment Plan

Student Name _____

Address _____ Phone Number _____

Associate School _____ Program _____ Junior __ Senior __

Total Student Fee \$ _____ (Found on Enclosed Invoice)

Minus Initial Payment \$ _____ (\$30.00 or more)

Payment Plan Balance \$ _____

Divided by \$ _____ Months (**Maximum 6 months**)

Equals \$ _____ Monthly Payment due by 15th of each month

THIS FORM AND YOUR INITIAL PAYMENT ARE DUE BY AUGUST 14, 2020.

Make checks/money orders payable to: Polaris Career Center

Mail to:

Polaris Career Center

ATTN: Student Fees

7285 Old Oak Blvd.

Middleburg Hts, OH, 44130

If you would like to charge/debit your payment(s), fill out the enclosed Credit Card Authorization Form

All tools, uniforms, etc., issued under this contract remain the property of the Polaris Career Center until all fees are paid. No tools will be taken from the instructional lab area until fees are PAID IN FULL.

I further understand that if fee payments under this contract become delinquent, the following actions may result:

- Driving permit/parking privileges will be revoked.
- Quarterly grades and career passport will be held.
- Job Placement services will not be provided.
- After 60 days, delinquent accounts may be referred for collection.
- Tools will be retained and may be sold, at the District's discretion, to pay outstanding balances.

As the party solely responsible for the payment of these student fees, I will be subject to any and all corrective action necessary for the collection of delinquent fees

Signature of Person Responsible for Fee Payment

Treasurer's Approval

Date