Shoreline Junior High School

1150 South Westside Dr. Layton, UT 84041 801-402-7700

PAY PLAN AUTHORIZATION FORM

STUDENT NAME:	GRA	NDE: STUDENT#	
PARENT/GUARDIAN NAME:			
ADDRESS:	CITY	/: ZIP CODE:	
HOME PHONE:	CELL PHONE:	WORK PHONE:	
EMPLOYER:			
AMOUNT DUE:	DEPOSIT: _		_
EMERGENCY CONTACT (NOT C	URRENTLY RESIDING WITH YOU) IN	NCLUDING A NAME AND PHONE NUMBERS	
DESCRIPTION OF FEES/FINES O	WED TO SHORELINE JUNIOR HIGH:	:	_
PAYMENT DATE (S)		PAYMENT AMOUNT (S)	
UNDERSTAND THAT IF I DEFAUTHE ABOVE FEES. ALL DELINQUEVENT ANY BALANCE IS NOT PLEXCEED 40% OF THE UNPAID BUNDERSIGNED FURTHER AGRETHE COLLECTION FEE. YOU AR NUMBER, WE REASONABLY BEDEVICES FOR ANY LAWFUL PURINCOMING CALLS FROM SHOR	LT, MY ACCOUNT WILL BE SENT TO ENT ACCOUNTS WILL BE CHARGED AID AS AGREED, THE UNDERSIGNED ALANCE. IN THE EVENT OF A LAWS ESS TO PAY COURT COSTS AND REA E AUTHORING US TO CALL YOU AT LIEVE WE CAN CONTACT YOU, INCI RPOSES. YOU AGREE TO ANY FEE(S)	TO SHORELINE JUNIOR HIGH SCHOOL. I D BONNEVILLE COLLECTIONS FOR COLLECTION OF INTEREST RATE (18% PER ANNUM). IN THE D AGREES TO PAY A COLLECTION FEE NOT TO SUIT TO COLLECT THE UNPAID BALANCE, THE ASONABLE ATTORNEY'S FEES IN ADDITION TO ANY NUMBER YOU PROVIDE OR AT ANY LUDING CALLS TO MOBILE, CELLULAR OR SIMILA OR CHARGES(S) THAT YOU MAY INCUR FOR TO SHORELINE, TO OR FROM ANY SUCH NUMBI	AR
PARENT/GUARIDAN SIGNATUR	E:	DATE:	
PRINCIPAL'S SIGNATURE OF AF	PROVAL:	DATE:	