



# Fairfield City Schools

## Treasurer's Office

4641 Bach Lane • Fairfield, Ohio 45014  
Phone (513) 829-6300 • Fax (513) 829-3714

### Fairfield City School District Student Activity Fees Payment Plan

I request a payment plan for student activity fee(s) to be established for the \_\_\_\_\_ school year.

**If the activity is a sport, payment in full must be made within the season of the sport.**

**I agree to make a partial payment of \$45.00 today** and make 2 additional payments of \$40 each for a total payment of \$125.00 for sports season: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Participation Activity or Sport: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: This payment plan will expire at the end of the current sports/activity season. Students may not be allowed to participate in any extracurricular activity including sports, until all fees, past and present are paid or a payment plan is established.**

For Office Use Only:

DUE DATE	PAYMENT AMOUNT	DATE PAID	BALANCE
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			

Paid in full on \_\_\_\_\_ School Employee Signature: \_\_\_\_\_