



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 Fees Payment Plan

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

I agree to make (circle one) **weekly** or **monthly** payments in the amount of \$ _____ until the balance is paid in full. **Payments must be paid in full by June of the current school year.**

Student Name: _____ Student ID: _____

Building: _____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email address: _____

Signature: _____ Date: _____

Please note: This payment plan will expire at the end of the current school year. 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: _____

Revised 08/15