Elmhurst Community Unit School District 205 York High School Attn: Drew McGuire 355 West St. Charles Road Elmhurst, IL 60126 (630) 617-2400 dmcguire@elmhurst205.org

DEFERRED PAYMENT PLAN FORM

Yearbook cannot be deferred and must be paid for at time of order

STUDENT NAME			Student ID#	Grade
PARENT'S NAME		EMAIL		
ADDRESS				
CITY/STATE			PHONE	
PLEASE CHARGE MY:	o VISA	o MasterCard	o Discover Card	
CREDIT CARD NUMBER:	[_]		Expiration Date:	
NAME OF CARDHOLDER (p	lease print clearly): _			
ADDRESS OF CARDHOLDE	R, if different:			
PHONE # OF CARDHOLDER	DURING BUSINES	S HOURS:		
Signature of cardholder**:			Date:	

**My signature authorizes Elmhurst Community Unit School District 205 to charge the credit card number listed above the appropriate balance due according to the deferred payment plan.

All accounts are to be paid in full by November 15

I understand that it is my responsibility to pay for all fees by the deadline dates noted below. The total owed will be determined at registration and divided by three (3) months.

Parent Signature

Date

I would like the York Student Services Department to contact me regarding additional financial assistance options

FOR DISTRCT USE ONLY:	DEFERRED PAYMENT PLAN	
Amount Owed Current Year	Monthly Payment Amount	
Outstanding Prior Year Balance	Monthly Amount to be paid by:	
Total Amount Due	September 15	
Initial Payment Made	October 15	
Total Amount Deferred	November 15	