

ARLINGTON PUBLIC SCHOOLS

Promissory Note ~ Instrumental Music

2017-2018

School Name: _____

Student Name: _____

Parent Name: _____

Address: _____

Phone: _____

E-mail: _____

I, _____, promise to pay Arlington Public Schools an instrumental music fee in the amount of \$435. I would like to select the following payment option:

CHECK ONE:

- | | <u>Annual</u> | <u>6 Monthly Payments</u> |
|--|---------------|---------------------------|
| <input type="checkbox"/> Credit Card Payment in Full | \$435.00 | |
| <input type="checkbox"/> Six (6) Monthly Credit Card Payments | | \$72.50 |
| <input type="checkbox"/> Payment in Full via Check
(check enclosed, payable to the Town of Arlington) | \$435.00 | |
| <input type="checkbox"/> I would like to request a reduced or waived fee due to financial hardship. Attached is a letter explaining my situation, along with supporting documentation (2016 Tax Returns and Paystubs). | | |
| <input type="checkbox"/> I have qualified for Free/Reduced Lunch status and have attached my approval letter for the program. I understand the fee is waived for Free Lunch status and <u>\$135.00</u> for Reduced Lunch status. | | |

PLEASE NOTE: *Promissory notes and payments should be received by the Business Office by November 15, 2017.*

Refunds are not permitted after November 1, 2017. Failure to pay as agreed will result in non-participation.

(Please do not send payments with your child to school)

Parent/Guardian Signature

Return to: Arlington High School
Business Office, 6th floor
869 Massachusetts Avenue
Arlington, MA 02476
781 316-3535

ARLINGTON MUSIC
PAYMENT FORM

I wish to pay for my child's music fee by:

- Visa
- Master Card
- Discover

CREDIT CARDS: I authorize that payments may be made as follows: (please check one)

- One Lump Sum payment of \$435.00.
- Six (6) monthly payments of \$72.50 (+ \$2.00 monthly processing fee)
(PAYMENTS ARE DUE ON THE 15 TH OF EACH MONTH and PAY DATES ARE:
November 15th 2017 to April 15th 2018
- Reduced Lunch status: Six (6) monthly payments of \$22.50 (+ \$2.00 monthly processing fee)
(PAYMENTS ARE DUE ON THE 15 TH OF EACH MONTH and PAY DATES ARE:
November 15th 2017 to April 15th 2018

Credit Card Account Number:

Expiration Date:

Name On Account: _____

Address: _____

Phone Number: _____

Signature: _____

Please notify us if there are any changes to your credit card.

Please make a copy of this promissory note for your records.