

# Athletic and Activity Fee Deferment Application

## South Albany High School

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_ Contact Phone \_\_\_\_\_

Our goal at South Albany is to allow every student who has an interest in athletics and activities to fully pursue their goals. With that said, the cost of running our athletic programs is costly; we need families to pay their fees so we can pay our bills. We understand the \$50 increase in the participation fee may create a need for some families to make payment arrangements. A family in need of making payments will need to do the following:

1. Fill out this deferment application
2. Make a mandatory down payment of \$25
3. Pay the remaining fee (\$125 or less) in full by the end of the current season

### Deferred Payment

I would like to make \$ \_\_\_\_\_ payment(s)

*(Choose one)*

\_\_\_\_\_ per month on the \_\_\_\_\_ day of the month until we've paid the total of \$150

\_\_\_\_\_ per week until we've paid the total of \$150

\_\_\_\_\_ pay the remainder of the balance owed \$ \_\_\_\_\_ by the following date \_\_\_\_\_.

Date \_\_\_\_\_ Sport \_\_\_\_\_

*(One form required for each sports season requesting deferment)*

*I, the parent/guardian agree to make payment(s) to South Albany High School according to the payment plan that is noted above. I also agree to pay the sport fee of \$150 in full by the end of the current season (Deadline for payment: Fall, Nov. 29 – Winter, March 11 – Spring, May 31)*

Parent Signature \_\_\_\_\_

*Please contact Athletic Director, Richard Shaw, (5412) 967-4522 if you need additional information.*