

TrekNorth Jr & Sr High School

2518 Hannah Ave
Bemidji, MN 56601

Phone: 218-444-1888
Fax: 218-444-1893

PAYMENT PLAN CONTRACT

Date _____

Student Name: _____

Parent/guardian Name: _____

Address: _____

Telephone: _____

Description: _____
(example= Superior Hiking Trail OAP trip, Athletic fee)

Total Cost of Trip or Payment Plan: \$ _____

Please fill out the chart below stating your plan intentions and submit your first payment with this form for approval.

Plan	Date	Amount
1 st Payment		
2 nd Payment		
3 rd Payment		
4 th Payment		

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY:

REMITTANCE	DATE	AMOUNT PAID	RECEIPT #	BALANCE	
1 st payment					
2 nd Payment					
3 rd Payment					
4 th Payment					

Approval date _____

Business Manager Signature: _____