

# 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 <sup>st</sup> Payment |      |        |
| 2 <sup>nd</sup> Payment |      |        |
| 3 <sup>rd</sup> Payment |      |        |
| 4 <sup>th</sup> Payment |      |        |

Student Signature\_\_\_\_\_Date\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_

FOR OFFICE USE ONLY:

| REMITTANCE              | DATE | AMOUNT PAID | RECEIPT # | BALANCE |  |
|-------------------------|------|-------------|-----------|---------|--|
| 1 <sup>st</sup> payment |      |             |           |         |  |
| 2 <sup>nd</sup> Payment |      |             |           |         |  |
| 3 <sup>rd</sup> Payment |      |             |           |         |  |
| 4 <sup>th</sup> Payment |      |             |           |         |  |

Approval date\_\_\_\_\_

Business Manager Signature:\_\_\_\_\_