

GLEN ELLYN SCHOOL DISTRICT 41
 793 North Main Street - Glen Ellyn, IL 60137
 Phone (630) 790-6400 Fax (630) 790-1867



Dr. Ann Riebock, Superintendent

Student ID
Student Name:
Grade/Year: Early Childhood
Home Phone:
Entered:

Activity Date	Fee/Payment Description	Amount	Check #
2009-2010 Year	Early Childhood	56.00	
Nov. 2 thru Jan. 29		42.00	
Jan. 30 thru March 26		28.00	
March 29 – End of Year		14.00	

Required Fee _____

It is recommended to purchase Milk for your student to have at snack time. To purchase milk, add \$12.50

12.50

Total Due _____

For Security Purposes payments made by Credit or Debit card are to be made using our on-line payment system. Go to our website www.d41.org and click on the Pay Fees On-Line button to process your fee payments.

Payments made by check or money order should be mailed to the address above or delivered to this same address during our regular business hours.

A \$25.00 fee will be charged for any NSF Checks or Refused Credit Card Payment per Board Policy 4:45 and 4:46 respectively.

Form #2