

# GLEN ELLYN SCHOOL DISTRICT 41

Ignite Passion | Inspire Excellence | Imagine Possibilities

793 N. Main Street Glen Ellyn, IL 60137



## Glen School District #41 - Student Fee Payment Plan

I am requesting the opportunity to pay the fees due for the student listed below using the optional payment plan. I understand that I must complete a form for each student that I am requesting this accommodation for.

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fees Due:

School Fees: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

All student fee installment plans must be completed by March 1 of each school year. Complete the option that fits your needs. **1<sup>st</sup> payment must be attached to this form.** For additional information, contact the registrar Marylou Gehringer at 630-534-7529 or [shanson@d41.org](mailto:shanson@d41.org).

7 Month Installment Plan (from start of Plan to March 1) Total due divided by 7 months \_\_\_\_\_  
Day of the month payment will be made \_\_\_\_\_

5 Month Installment Plan (from start of Plan to January 1) Total due divided by 5 months \_\_\_\_\_  
Day of the month payment will be made \_\_\_\_\_

2 Payment Installment Plan (payable in August and January) Total due divided by 2 \_\_\_\_\_  
Day of the month payment will be made \_\_\_\_\_

I agree to pay the outstanding fees using the payment plan as indicated above and that failure to make payment could limit my ability to request this option in the future.

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

Date \_\_\_\_\_

District Representative Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form to:  
Sandi Hanson, Registrar  
Glen Ellyn School District 41  
793 N. Main St., Glen Ellyn, IL 60137

**A copy of the approved Payment Plan form will be returned to you for your records.**