

## Mukwonago Area School District

**Building Better Schools Together** 

## Student Fees Payment Plan Form 2022-23

Date:	
Parent/Guardian:	Phone #:
Student:	Grade:
Total Outstanding Amount: \$	
Your child currently has a financial obligation with the a family is unable to pay the full amount, they are give Plan by completing this form. Please know that balancollections. This is in accordance with School Board F. Charges.	en an opportunity to set up a Payment ces that are unpaid can be sent to
Payments in the amount of \$ the 15 <sup>th</sup> of the month until the balance is fully page.	will be made today, and on or before aid.
This agreement will be considered void if a pay	
Payments should be made to:	
Mukwonago Area School District Attn: Cori Maroszek 385 E. Veterans Way Mukwonago, WI 53149	
Please sign below to indicate your acceptance of thes	e terms.
Total outstanding amount needs to be paid in full by June 15 <sup>th</sup> , 2023 or you could be sent to collections.	
Parent/Guardian Signature:	Date:
Please return this form to the Mukwonago Area School District Office.	For Office Use Only: Approved by: Date: