



**1st Installment of remaining balance, which is equivalent to 15%:**

**Due Date:** 9/1/20 **Amt. Paid:** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

**2<sup>nd</sup> Installment of remaining balance, which is equivalent to 15%:**

**Due Date:** 10/1/20 **Amt. Paid:** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

**3<sup>rd</sup> Installment of remaining balance, which is equivalent to 15%:**

**Due Date:** 11/1/20 **Amt. Paid:** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

**4<sup>th</sup> Installment of remaining balance, which is equivalent to 15%:**

**Due Date:** 12/1/20 **Amt. Paid:** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

I understand that I will make these payments on time and without exception. If my balance is not paid by the above due date, I will not be allowed back to class and all monies will be forfeited.

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Student Signature

Date

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Administrator or (Designee) Signature

Date

The Brevard Public School District Board provides that no qualified individual shall, solely by reason of his/her race, color, national origin, sex (including sexual orientation, transgender status, or gender identity), disability (including HIV, AIDS, or sickle cell trait), pregnancy, marital status (except authorized by law), religion, military status, age, ancestry, or genetic information be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity in the District, except as otherwise provided by State law.