

SHELTON PUBLIC SCHOOLS

APPLICATION FOR PAYMENT PLAN FOR PAY TO PARTICIPATE

Parent Name _____ Date _____

I would like to request a payment plan for fees due for the following students:

Name _____ Sport/Activity _____

School _____ Grade _____

Season: Fall Winter Spring

Name _____ Sport/Activity _____

School _____ Grade _____

Season: Fall Winter Spring

Name _____ Sport/Activity _____

School _____ Grade _____

Season: Fall Winter Spring

My reason for requesting a payment plan is _____

Parent
Signature _____ Email _____

Phone _____

Please submit this completed form to accountspayable@sheltonpublicschools.org. There is a 3-business day processing time for this form. Parents may direct questions regarding payment plans to Accounts Payable, 203-924-1023, x309.