



315-470-6817 / www.esf.edu/esfhs

To: *ESF in the High School* Parent/Guardian
From: Maura H. Stefl
Date: Academic Year 2013-14
Subject: *ESF in the High School* Registration Fee: Payment Option

ESF Course Fee Payment Option Agreement

I agree to pay _____ fee for the *ESF in the High School*
Student Name _____
Course(s) at _____ High School per the details below:

of payments (requested) _____
Down payment: \$ _____
(1/2 fee)
Fees/payment (monthly)

1	\$ _____	Date _____
2	\$ _____	Date _____
Final	\$ _____	Date _____

Expected date of Fee Paid in FULL _____

Name/Relationship to student (please print)

Signature

Date

Payment questions are to be referred to Maura H. Stefl at mhstefl@esf.edu or by calling 315-470-6811.