



5224 Woodland Avenue
Philadelphia, Pennsylvania 19143
1(855)726-5226
www.philadelphiaautoandparole.org

STUDENT PAYMENT FORM

I request a payment fee for student fee(s) to be established for the _____ year.

I agree circle one Weekly or Monthly payments and the amount of \$ _____ until the balance is paid in full. Payment must be paid in full amount by the current school year.

Student Name: _____

Student ID: _____

Parent/Guardian Name: _____ (If student is a minor)

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Signature: _____

(Signature of Parent/Guardian if student is a minor)

FOR OFFICE USE ONLY:

DATE	PAYMENT AMOUNT	DATE PAID	BALANCE

PAID IN FULL ON _____ / _____ / _____

STAFF SIGNATURE _____

DATE _____ / _____ / _____