



To: Commonwealth-Parkville School
 Attn: Diana M. Morales, (e-mail: dmorales@cpspr.org)
 P.O. Box 70177, San Juan, P.R. 00936-8177
 Tel. 787-765-4411 Ext. 242 or Fax: 787-764-3809

Re: **NEW PARENT** Ten month direct debit payment plan contract

I would like to enroll in the ten month payment plan for tuition and fees of my child/children for the school year 2012-2013. I understand that the total amount owed including \$100.00 payment plan fee will be divided in ten months and debited from my bank account number stated below beginning on June 2012 and ending in March 2013.

A document with detailed information of the tuition and fees to be debited to my account will be mailed by you two weeks after you receive this document.

Parent Name (please print clearly): _____
 Student Name and Grade: _____

Parent's signature: _____

CPS Account number (Student ID#) _____

Date: _____

PLEASE MARK IF THE ACCOUNT TO BE DEBITED IS NOT IN THE NAME OF THE CPS PARENT AND YOU AUTHORIZE TO DEBIT THE ACCOUNT PROVIDED.

*PLEASE MARK THE BOX IF YOUR CHILD WILL BE IN THE **PKS AFTER SCHOOL PROGRAM** \$100.00 MONTHLY.*

*PLEASE MARK THE BOX IF YOUR CHILD WILL BE IN THE **PKS-CHS TRANSPORTATION SERVICE** \$95.00 MONTHLY.*

P.S.: RETURN THIS FORM TO DIANA MORALES BY MAY 1, 2012 TO ENROLL; YOU MUST INCLUDE A VOID CHECK OF THE ACCOUNT THAT WILL BE DEBITED.