

# School District Tuition Payment Slip

School/School District Name

Address Line 1

Address Line 2

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date: Payment Slip #:

## Student Information

Student Name:

Grade:

Student ID:

Parent/Guardian Name:

Contact Number:

## Tuition & Fees Details

| Description             | Amount (USD) |
|-------------------------|--------------|
| Tuition Fee             |              |
| Registration Fee        |              |
| Other (Specify)         |              |
| <b>Total Amount Due</b> |              |

## Payment Information

Payment Method:  Cash  Check  Other

Amount Received:

Received By:

Remarks:

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Authorized Signature

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Parent/Guardian Signature

Please keep this slip as proof of payment.  
Thank you for your payment.