



1600 Eagle Way
Lake Villa, IL 60046
847-838-7100
Fax: 847-838-3670

Where Respect + Courtesy = Pride

Date: _____

Student Name: _____ Year of Graduation: _____

I will be making the following payments toward fees for the student listed above:

Payments will be made (check one):

_____ Monthly (\$25 minimum)

_____ Bi-monthly on the 1st and 15th of each month

_____ Weekly

Down Payment: \$ _____ Date: _____

Installment Payment: \$ _____ Start Date: _____

The unpaid balance may be paid in full at any time.

I will continue to comply with this plan until the balance of fees for my student is paid in full. I understand that a failure to maintain these payments and adhere to this plan may result in loss of activities and privileges for my student.

Signed: _____ Date: _____

Please return the completed form either by mail, email or to the Student Services Office. Please direct your request and any questions to Ms. Bedessem/Fees at (847) 838-7122.

Community High School District 117

09/07/2021