

**BOOK RENTAL PAYMENT AGREEMENT**  
**RICHLAND-BEAN BLOSSOM COMMUNITY SCHOOL CORPORATION**

Building: \_\_\_\_\_ School Year \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

Total Book Rental Fees Due..... \$ \_\_\_\_\_

\_\_\_\_\_ As I am unable to pay the total book rental fees for my student(s) at this time, I will: (initial one of the payment plans below)

1.) \_\_\_\_\_ pay the total book rental fees by Oct 15th.    2.) \_\_\_\_\_ pay 4 equal payments (Oct 15, Jan 15, March 15, May 15)

3.) \_\_\_\_\_ pay monthly in equal installments (Oct 15, Nov 15, Dec 15, Jan 15, Feb 15, Mar 15, Apr 15, May 15)

\*\*\*\*\* If you have special circumstances and are unable to make these deadlines or make payment in full by June 1st,  
please call RBBCSC central office, 812- 876-7100

\_\_\_\_\_ I am applying for State Textbook Assistance. **I understand that State Textbook Assistance pays for only a portion of the book rental. It does not pay anything towards fees.** A 2021-2022 Household Application for Free and Reduced Price School Meals must be completed and approved before receiving state assistance. The application can be found in Harmony Family Access. You must indicate that you want to receive Textbook Assistance under Step 5 on the application. You will not receive textbook assistance if you do not request it.

I will make monthly payments of \$ \_\_\_\_\_ beginning on Oct 15th

**\*\*FAILURE TO MEET YOUR SELECTED PAYMENT PLAN WILL AUTOMATICALLY SUBJECT YOU TO COLLECTIONS.\*\*** I understand that I am financially responsible for book rental fees and any charges the school may assess for but not limited to lost books, cafeteria charges, lost or non-returned library books, and extracurricular activities. I shall also be responsible for reasonable costs of the collection of this account, which may include late fees, client collection fees, collection agency fees, reasonable attorney fees and court costs on outstanding balances.

Mother's or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_  
(Street Number & Name) (City, State & Zip Code)

Father's or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_  
(Street Number & Name) (City, State & Zip Code)

**I HAVE READ AND UNDERSTAND ALL TERMS OF THIS AGREEMENT.**

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

NOTE: PARENTS/GUARDIANS ARE TO RECEIVE A COPY OF THIS AGREEMENT