



**Book Fees-Parishioner
2018-2019 School Year**

Parent/Guardian Responsible for Payment

Address City State Zip

1st Child	Name:	Grade:	
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Fees		*Indicate amount from attached fees list (page 2)
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2nd Child	Name:	Grade:	
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Fees		*Indicate amount from attached fees list (page 2)
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3rd Child	Name:	Grade:	
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Fees		*Indicate amount from attached fees list (page 2)
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4th Child	Name:	Grade:	
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Fees		*Indicate amount from attached fees list (page 2)
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5th Child	Name:	Grade:	
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Fees		*Indicate amount from attached fees list (page 2)
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Family Total \$ _____

Less: SCRIP Credit _____

Total Amount Due \$ _____ *If able, please pay entire amount. Otherwise, pay 1/2 now with balance due by Sept. 1st.*

We agree to pay the above amount for the 2018-2019 school year.
We realize that failure to pay the Book Fees may result in the discontinued attendance of our child/children at ICS.

Parent/Guardian Signature Date

Return this copy to school. Complete and keep page 2 for your records.