



409 Palmer Road
 Columbia IL 62236
 618-281-5353
 www.icscolumbia.org

Book Fees-Parishioner
2021-2022 School Year

Parent/Guardian Responsible for Payment

Address City State Zip

1st Child	Name:	Grade:	
	Fees		*Indicate amount from attached fees list (page 2)

2nd Child	Name:	Grade:	
	Fees		*Indicate amount from attached fees list (page 2)

3rd Child	Name:	Grade:	
	Fees		*Indicate amount from attached fees list (page 2)

4th Child	Name:	Grade:	
	Fees		*Indicate amount from attached fees list (page 2)

5th Child	Name:	Grade:	
	Fees		*Indicate amount from attached fees list (page 2)

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 2019-2020 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.

