

**Portland Public Schools  
Fee-For-Service Kindergarten Program  
Use of Visa/Mastercard for Payment Of Tuition  
For The 2008-09 School Year**

I, the undersigned, give the District permission to charge my credit card monthly for tuition for the Fee- for- Service, Full Day Kindergarten program. I understand that the District will charge the tuition on the 5<sup>th</sup> of each month beginning in September and ending in May (9 months).

**Please check the appropriate option(s):**

I will pay \$2,880 in tuition for the 2008-2009 school year. I will be charged \$320 beginning in September through May.

We also agree to pay the \$100 non-refundable administrative fee by credit card OR

We have attached a \$100 check for the administrative fee.

Pursuant to the Fee-For-Service, Full Day Kindergarten contract, I agree to this in consideration of my student being enrolled in a fee-for-service kindergarten program at a Portland Public school during the 2008-2009 school year.

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**IMPORTANT – FILL OUT AND RETURN ENTIRE FORM**

VISA  MasterCard

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiration Date\*: \_\_\_\_\_

*Please write clearly to avoid errors*

Cardholder's Signature: **(Required)** \_\_\_\_\_

\*If expiration is 9/08 – 5/09, please contact us a month in advance to submit your new expiration date: 916-2000 x4501.

**Please submit this completed form with the Fee-For-Service contract to your school secretary.**

Contact: Nancy Hauth, Coordinator 503-916-3230