

STUDENT FEE TEXTBOOK ACKNOWLEDGEMENT

Parent/Guardian Information:	
Name: _____	Phone: _____
Address/City: _____	Postal Code: _____
Student: _____	School: <input type="checkbox"/> Battle River Online <input type="checkbox"/> Battle River Home Education
Grade: _____	

Textbook	Textbook Fine
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

I agree to pay textbook fine(s) above if any textbook is not returned to the school within 30 days of the end of the class. If any lost textbook is found and returned undamaged before the end of the school year, the charges will be reversed and payment of fines refunded.

Complete cardholder information below.

Cardholder Name:	
Cardholder Mailing Address:	
Cardholder Phone #:	
Card Type (please check):	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number:	
Card Expiry Date (Month/Year):	
Security Code (3 digits on back of card):	
Payment Amount (total of all textbooks):	
Signature Authorizing Payment:	

Parent/Guardian Signature

Date (M/D/Y)