



SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

CONTRACT FOR PAYMENT OF CHARGES FOR REPLACEMENT TABLET

School: PVHS SMHS ERHS DHS

Name of Student: _____ ID No.: _____ Grade: _____

The replacement cost for the tablet is: 1st year = \$400 2nd year = \$300 3rd year = \$200 4th year = \$100

I agree to the following schedule for payment of the above charges.

These charges must be cleared within 10 months or before graduation (date) _____

1.	Date of Payment:		Amount:		Balance:	
2.	Date of Payment:		Amount:		Balance:	
3.	Date of Payment:		Amount:		Balance:	
4.	Date of Payment:		Amount:		Balance:	
5.	Date of Payment:		Amount:		Balance:	
6.	Date of Payment:		Amount:		Balance:	
7.	Date of Payment:		Amount:		Balance:	
8.	Date of Payment:		Amount:		Balance:	
9.	Date of Payment:		Amount:		Balance:	
10.	Date of Payment:		Amount:		Balance:	\$0.00

If I default on this payment schedule or withdraw from Santa Maria Joint Union High School District, the entire bill will be due and payable immediately.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Asst. Principal Signature: _____ Date: _____