Lee's Summit High School Request for Assistance with Testing Fees

Student Name				Year of Graduation			
Studen	t/Guardian's Ad	dress					
Studen	t's Home or Cel	l Phone Number _		(optional)*			
Parent or Guardian's Name				Relationship to student			
Parent	or Guardian's H	ome or Cell Phon	ne Number	Parent's email address			
Does y	our family quali	fy for free/reduce	ed school lunches	s? YES	NO		
Please	list courses that	the student will b	e testing in THIS	S school year or d	ual credit enrollmen	nt	
Which	of the following	g applies to you?					
	I would	like to set up a m	onthly payment	plan. Payments n	nay be divided into	six or fewer mont	hly
	payments, the f	first being due on	October 31. Pl	ease specify how	you plan to make y	our payments:	
	Oct. Payment	Nov. Payment	Dec. Payment	Jan. Payment	Feb. Payment	Mar. Payment	
					able to afford to pa we. Please explain		
		1 7			1	•	
Please	verify and sign l		0				
•		n provided on thi eceives financial			show up for the ex	am, he or she may	be asked
•	to pay for the e If I fail to meet settled.		ent requirements	s, my student's dip	oloma and transcrip	ts may be held unt	til fees are
Student Signature (optional)*				Parent Signature			

Please return this signed form to Michelle Edwards at LSHS in room 2527. You may also email me a scanned or photographed version of this signed document. Please direct questions to Michelle Edwards through email michelle.edwards@lsr7.net or by phone (816-986-2045)

*The guardian may decide to keep this request confidential from the student, and that is understandable, but please note the expectation is that the student fully completes his or her IB coursework or dual credit requirements. Failure to do so may result in the issuance of a fine card.