



# SALISBURY

## CHRISTIAN SCHOOL

### Non-Tuition Student Expenses Payment Form

This form must be printed and returned to the appropriate SCS staff member for any of the programs or activities listed below.

Student Name(s) & Grade(s): \_\_\_\_\_

**Step 1:** Select the program for which you are making a payment. A separate form is required for each.

Check: ✓	Program:	Return To:	Form Due Date:	Draft Date: (if selected below)
	Lunch Order	Kitchen Manager	15th of the current month	20th of the current month
	Extended Care	Extended Care Coordinator	15th of the current month	20th of the current month
	Bus Rider Fee	Transportation Coordinator	Semester 1: Sept. 1 Semester 2: Feb. 1	15th of Sept. and Feb.
	Resource Department	Director of Resource Programs	Semester 1: Sept. 20 Semester 2: Jan. 20	Last day of Sept. and/or Jan.
	Lower School Band	Band Director	Semester 1: Sept. 20 Semester 2: Jan. 20	Last day of Sept. and/or Jan.
	Athletic Fee	Athletic Director	Varies by sport season	Last day of the current month
	Other			

**Step 2:** Fill in **Total Amount Due:** \_\_\_\_\_

*Step 2a: Complete for Lunch Ordering ONLY:*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Lunch Total: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Lunch Total: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Lunch Total: \_\_\_\_\_

**Step 3:** Select Method of Payment:

- CHECK:** Check must be attached to this form. (Check # \_\_\_\_\_)
- DRAFT:** I authorize Salisbury Christian School to draft the amount listed above from my checking/savings account on the Draft Date listed above for this program. (A *Direct Payment Authorization Form for Tuition, Facility Fee, and Annual Family Enrollment Fee* must already be on file in the Business Office in order to select this option.)
- CREDIT CARD:** I have completed payment via credit card on the SCS website. (3% convenience fee applies. This form should be returned to school after credit card payment has been made and prior to the Form Due Date listed above. Please provide your Transaction # \_\_\_\_\_)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date