



January, 2019

Dear Parent/Guardian:

If you choose not to participate in SMART, please sign below. Remember, SMART or PAYMENT IN FULL is the **ONLY** payment option per your signed contract.

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FAMILY NAME: \_\_\_\_\_

By signing below, we agree to pay one lump sum on or before August 9, 2019

RESPONSIBLE PARTY:

\_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last Name, First Name

Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_