

**AMELIA COUNTY SCHOOLS PAYMENT ASSISTANCE/DELAYED PAYMENT FORM**

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

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

Reason for Delayed Payment or Payment Assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*We will contact you in the next week regarding our decision.*

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Internal Use:

Local school will forward form to Central Office- Attention: Chromebook Assistance

Date of Review: \_\_\_\_\_

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

Decision:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copy form and send back to school to notify parent.