

# D91 Registration Fee Payment Plan Request Form

## Registration Fees per student for 2026-2027 (per child):

If registered and paid in full or part by May 31, 2026:                      PK: \$159.00 & Gr K-8: \$240.00  
 If registered and paid in full on or after June 1, 2026:                      PK: \$173.00 & Gr K-8: \$258.00

\*Families requesting a fee waiver, intending to apply for free/reduced lunch, OR who direct certify for free/reduced lunch  
 DO NOT need to complete an installment plan request **unless their waiver is denied.**

Student Name(s):	Current Fees (full price fees will be loaded into Infinite Campus and will be reduced if paid by May 31)	Outstanding Fees (check Infinite Campus to find your past balance or email registration@d91.net)	Payment plans are offered to provide families that do not qualify for fee waivers with convenient and affordable options to pay required school fees.
1:			The district does not provide monthly billing. Cash payments can be made in person at the school or district offices, checks payable to Lockport D91 can be mailed or dropped off, or Epayments can be made through the website.  Families that are granted a payment plan are asked to ensure that all fees are paid in full no later than April 1, 2027. Unpaid fees will accrue into the following school year and can lead to collections or other penalties. An invoice of outstanding fees will be provided after April 1, 2027.
2:			
3:			
4:			
5:			
TOTALS:	\$	\$	
GRAND TOTAL:	\$		

Requested installment plan:

- \_\_\_\_\_ 2 payments of \$ \_\_\_\_\_ paid by June 15 & July 15, 2026
- \_\_\_\_\_ 4 payments of \$ \_\_\_\_\_ paid by Aug 15, Sept 15, Oct 15, & Nov 15, 2026
- \_\_\_\_\_ 6 payments of \$ \_\_\_\_\_ paid by Aug 15, Sept 15, Oct 15, & Nov 15, Dec 15, and Jan 15, 2027
- \_\_\_\_\_ 8 payments of \$ \_\_\_\_\_ paid by Aug 15, Sept 15, Oct 15, & Nov 15, Dec 15, Jan 15, Feb 15, and Mar 15, 2027

Custom Plan (please specify request): \_\_\_\_\_

I hereby agree to adhere to the payment plan and agree to initiate payments as outlined.

\_\_\_\_\_  
 Printed Name of Responsible Party                      Signature of Responsible Party                      Date

For Office Use Only: Application Status: Approve    Reject    Reason for Rejection : \_\_\_\_\_ Date : \_\_\_\_\_ Initials: \_\_\_\_\_