Agreement for Payment of Unpaid Obligations for Outreach Classes

Any student who enrolls at Garden City Community College is encouraged to pay all financial obligations in full when completing their enrollment process. However, in those situations that warrant such action, payment plans are available through the students BusterWeb. All bills must be paid in full or students must be signed up and current on a payment plan before any additional enrollments will be processed.

_____

(Student's Name)

_____

(Street, Box, Etc.) (City, State) (Zip Code)

_____

(Social Security Number) (Phone Number)

PAYMENT OF TUITION AND FEES AT TIME OF ENROLLMENT

Total tuition and fee charges..... $_____

Amount paid..... $_____

Remaining Amount Due..... $_____

IMPORTANT: I understand when I register for any class or receive any services from Garden City Community College, I accept full responsibility and agree to pay for all associated costs assessed as a result of my registration and/or receipt of services. I further understand and agree that my registration and/or receipt of services, and acceptance of these terms constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Garden City Community College is providing me educational and associated services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees, and other associated costs by the published or assigned due date. I understand in the event action is required to collect payment herein, I further agree to pay the associated costs of collection agency fees up to the State of Kansas maximum fee of 15% of the unpaid debt after default or attorney fees for collecting outstanding debt.

This Agreement, made and entered into the _____day of _____, _____

By and between Garden City Community College of Garden City, Finney County, Kansas and

_____ _____

Responsible Party Signature if Minor/Date Responsible Party Address

_____ _____

Responsible Party Relationship to Student Responsible Party Phone Number

I give my permission for Garden City Community College to send a copy of this agreement to the person named above. **IN WITNESS WHEREOF,** the above parties have hereunto set their hands the day and year first above written.

_____ _____

Student Signature Date

_____

Outreach Coordinator