



# High School Programs Tuition Billing Authorization

## Instructions:

- Utilize Sections below to specify billing conditions and contacts

- Attach spreadsheet (Typed/Excel) listing students\*

\*A modified Registration Report provided by Aims High School Programs can serve as a student list

- Complete/Submit authorization for EACH semester by: (Fall: 9/20, Spring: 2/20, Summer: 6/20)

[SUBMIT COMPLETED AUTHORIZATION AND STUDENT LIST HERE](#)

**Do Not Include Career Academy**

Questions/Concerns? Contact: [sponsor.billing@aims.edu](mailto:sponsor.billing@aims.edu)

## Contact Information:

~ To save the environment, all invoices are e-mailed to the contact listed below ~

Semester:	Fall	Spring	Summer	Academic Year:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Year-Long Course	<input type="checkbox"/>		

School/District: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Billing Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Payment Coverage Information:

~ Failure to fully and accurately complete this section will lead to delays and will impact student billing ~

~ Students/parents are held responsible for all payments until this authorization is received ~

~ Allow 30-45 days for invoicing ~

Check all that apply:	BASE	FEES			ADDITIONAL CHARGES		
	Tuition	Admin	Lab	Online	First-Day	Bookstore	BKST Limit
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$ _____
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		

## Special Instructions/Comments:

~ Include necessary and specific information/request not indicated above ~

(EX: Caps & Limitations, Billing Separations, Unique Circumstances)
