

**Mt. Misery Payment Form**

Please PRINT the following information:

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Student ID#	Student Last Name	Student First Name	Homeroom
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Program Cost:           \$255

Less Deposit Paid:    =\_\_\_\_\_      Date of payment: \_\_\_\_\_      Check #: \_\_\_\_\_

Total DUE:            \$                    

Payment by check or money order **only**  
Make all payments payable to: **Cherry Hill Board of Education.**

My child will **NOT** be participating in the Mt. Misery Program.

Please feel free to contact your student's science teacher should you have any questions about the Mt. Misery program.

**Please return your payment with this form to your child's homeroom teacher.**

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Parent/Guardian Signature