

**HILLTOWN COOPERATIVE CHARTER PUBLIC SCHOOL
AFTER SCHOOL CREDIT REQUEST**

PLEASE COMPLETE FORM AND PLACE IN AFTER SCHOOL PAYMENT FOLDER

Name: _____

Student Name: _____

Date for which Credit is Requested: _____

AMOUNT (Check One):

\$14 (M, T, W, Th 3:00 – 5:00PM) _____ **\$5** (M, T, W, Th 4:30 – 5:00PM) _____

\$17 (W 12:30 – 3:00PM) _____ **\$14** (W 3:00 – 5:00PM) _____

\$27 (W 12:30 – 5:00PM) _____

Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____