NORTHWESTERN STATE UNIVERSITY CDC/LAB SCHOOL
PARENT/STUDENT INFORMATION FORM

DATE:_____ **SCHOOL YEAR:**_____

SCHOOL NAME: ( ) NSU ELEMENTARY LAB ( ) NSU MIDDLE LAB ( ) CHILD DEVELOPMENT CENTER

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

PRIMARY LEGAL RESPONSIBLE PARTY: (IF DUAL RESPONSIBILITY and living in separate households-COMPLETE & SIGN SEPARATE FORMS). BILLING STATEMENTS WILL COME TO THIS PERSON AND PAYMENTS WILL NEED TO BE MADE UNDER THIS NAME.

NSU CAMPUS WIDE IDENTIFICATION NUMBER_____ **SOCIAL SECURITY NUMBER:**_____
*If you do not know (or have) a NSU CWID/Personnel number please leave this field blank.

NAME:_____ **NSU EMPLOYEE (Y/N):**_____
(First) (Middle) (Last)

BILLING ADDRESS: _____ **HOME PHONE NUMBER:**_____

_____ **CELL PHONE NUMBER:**_____
(City) (State) (Zip)

SECONDARY RESPONSIBLE PARTY (or PRIMARY RESPONSIBLE PARTY'S SPOUSE): (If not married, you must specify "NOT MARRIED"):

NAME:_____ **NSU EMPLOYEE (Y/N):**_____
(First) (Middle) (Last)

NSU CAMPUS WIDE IDENTIFICATION NUMBER_____ **SOCIAL SECURITY NUMBER:**_____
*If you do not know (or have) a NSU CWID/Personnel number please leave this field blank.

I have read, understand and signed the Lab School/Child Development Center's school payment policy and agree to pay the amounts due by the scheduled due dates. I also agree to pay all other outstanding balances due to Northwestern State University in connection with any service/s provided by the University to me, my family or anyone else for whom I am the appointed legal guardian by April 30th of the current school year. I understand that if I become delinquent in Lab School/Child Development Center scheduled payments or if any other outstanding balances due Northwestern State University are not paid by April 30th of the current school year, this student will be dropped from the roll of the school.

VIOLATION OF THESE TERMS WILL RESULT IN SUCH DEBTS BEING TRANSFERRED TO THE STATE OF LOUISIANA ATTORNEY GENERAL'S OFFICE FOR COLLECTIONS. UPON TRANSMITTAL FOR COLLECTION, I WILL BE RESPONSIBLE FOR COLLECTIONS/ATTORNEY FEES IN THE AMOUNT OF THIRTY-THREE AND ONE-THIRD PERCENT (33 1/3%) OF THE UNPAID DEBT AND COURT AND OTHER RELATED COSTS. IN ADDITION, THESE DEBTS MAY BE REPORTED TO CREDIT BUREAU AGENCIES

_____ _____
PRIMARY PARTY'S SIGNATURE **DATE**

SAMPLE

STUDENT INFORMATION

NAME:_____ **Returning Student (Y/N):** _____
(First) (Middle) (Last)

Sibling(s) enrolled at CDC/Lab School/s (First and Last Name/s)_____

_____

CHARGE/ADJUSTMENT

	AMOUNT	D/C	ADDITIONAL INFORMATION/EXPLANATION (OPTIONAL)
( ) INITIAL CHARGE			
( ) NEW CHARGE			
NET ADJUSTMENT			

SIGNED BY AUTHORIZED LAB SCHOOL OFFICIAL_____ **DATE**_____

ENTERED BY BUSINESS AFFAIRS ASSOCIATE:_____ **DATE**_____

WHITE COPY-BUSINESS AFFAIRS **CANARY COPY-LAB SCHOOL FILES** **PINK COPY-PARENT/GUARDIAN**