



**DEPARTMENT OF EDUCATION
Title V-A Consolidated Grant
Program for Extended Teaching & Learning**



After School Program for Instructional Remediation and Enrichment
(ASPIRE)

**FORM D-2
ASPIRE LATE PICK-UP PAYMENT**

Date: _____

Quarter: _____

School Name: _____

Student Name: _____

Time Picked-up: _____

**Amount for
Late Pick-up: \$** _____

ASPIRE Coordinator

Signature & Date

Amount paid by parent/guardian: \$ _____

Payment must be made, at any Bank of Guam branch, within five (5) working days. Payment cannot be submitted to the school site. Please return the stamped copy of this form to the ASPIRE Coordinator. The ASPIRE Coordinator will maintain a file of late payment fees for quarterly reporting.