

# Enrollment / Re-Registration Activity Fee Record (2nd Half of Annual Activity Fee)



Developmental Research School  
at the University of Florida

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Legal Guardian(s)

Responsible for Payment \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Make Check Payable to UNIVERSITY OF FLORIDA

### Mail to P.K. Yonge

Cashier, P.K Yonge DRS  
1080 SW 11<sup>th</sup> Street,  
Gainesville, FL 32601

### Deliver to P.K. Yonge

- 1) Place in drop safe  
at the Business Office
- 2) Place in drop box  
outside the Main Office

#### Office Use Only

Amount Paid \_\_\_\_\_

Date Payment Rec'd \_\_\_\_\_

Payment Type \_\_\_\_\_

Log # / Receipt \_\_\_\_\_

Deposit Number \_\_\_\_\_

Rec'd By \_\_\_\_\_