



THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTON
SOUTH | DRYDEN | WESTGATE | WINDSOR

CARDKEY RENTAL AGREEMENT

DATE: _____

FEES:

Please indicate the number of cards requested and select the appropriate fee.

	Number of Cards	Fee \$15/Card*
New/Replacement Cards	_____	_____

	Number of Cards	Fee \$10/Card*
Reactivated Cards	_____	_____

Please list the number found
on the top right corner of the
back of the card.

TOTAL DUE: _____

Print Name

Daytime Phone Number

School

Child's Last Name (If Different)

Signature

Date

Signing the Cardkey Rental Agreement indicates acceptance of the cardkey guidelines.
On line payments: www.sd25.org/Webstore

Mail in payments: please make check or money order payable to **Arlington Heights School District**

Mail to: **AHSD 25, 1200 S. Dunton, Arlington Heights, IL 60005**
Attn: Darcy Moder (847-506-6904) dmoder@sd25.org Fax (847) 758 - 4901