



Eau Claire Area High School Activity Fee Collection Form



Instructions:

- Please complete form, SIGN, and make check payable to *ECASD (Eau Claire Area School District)*, and mail/return form and payment to:

Attn: Jessy, 500 Main Street, Eau Claire, WI 54701. Your check will serve as your receipt.

- Please print information.

School: North High School Memorial High School

Student's Last Name: _____ First Name: _____ Grade: _____ Activity: _____

Student's Last Name: _____ First Name: _____ Grade: _____ Activity: _____

Student's Last Name: _____ First Name: _____ Grade: _____ Activity: _____

Parent/Guardian Last Name: _____ First Name: _____

Mailing Address: _____ Phone: _____

Please check boxes for which payment is included:

High School Activity

- Academic Decathlon \$50
- Drama \$50
- Forensics..... \$50
- High Quiz \$50
- Mock Trial..... \$50

Check if applicable:

- Qualify for reduced fee rate* (*receive reduced priced lunch*): \$25
- Qualify for free participation* (*receive free lunch*)

Activity Fee Reimbursement:

The activity fee will be reimbursed if the student is no longer participating within the first two weeks of the activity.

*National School Lunch Consent

The information you supplied on your Free and Reduced School Meals Application will not be shared with other programs for which your children may qualify without your consent. **We must have your permission to share this information for the discount on your participation fees.**

- YES!** I give permission to use the NSL free and reduced information to receive the discount for Eau Claire Area School District Participation Fees. Filling out this form will not change whether your children get free or reduced price meals.

This form must be completed and SIGNED prior to the start of the activity in order to participate.

Signature of Parent/Guardian: _____ Date: _____

Total Payment: _____

Paid by: Cash Check

Office Use Only	Date Paid: _____ Amount: _____ If applicable, check #: _____
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