



Eau Claire Area School District High School Special Olympics Fee Collection Form

Instructions:

- Please complete form and *SIGN*.
- Make check payable to ECASD (*Eau Claire Area School District*), and mail/return form and payment to:
Attn: Lindsey, 500 Main Street, Eau Claire, WI 54701. Your check will serve as your receipt.
- Any questions, please contact Lindsey Schreiner, 852-3016 or lschreiner@ecasd.us.
- Please print information.

High School: Memorial North

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

Parent/Guardian Last Name: _____ First Name: _____

Mailing Address: _____ Phone: _____

Please check boxes for which payment is included:

Fall

Bowling..... \$100

Winter

Basketball Skills..... \$100

Basketball Team..... \$100

Spring

Track \$100

Swimming..... \$100

Check if applicable:

Individual Cap: Pay for 2 sports

Qualify for reduced fee rate* (*receive reduced priced lunch*): \$50

Qualify for free participation* (*receive free lunch*)

Athletic Fee Reimbursement

The activity fee will be reimbursed if the student is no longer participating within the first two weeks of 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 to allow student participation for each sport/program. You may choose all your student's participation on this form or complete and SIGN another form when deciding at a later date.

Signature of Parent/Guardian: _____ Date: _____

Total Payment: _____

Paid by: Cash Check

Office
Use
Only

Date Paid: _____ Amount: _____ If applicable, check

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