

2023-24 Middle School Fee Form

- To pay by credit card, go to myschoolbucks.com to create an account and add your student(s). Select program(s) and complete your registration. No form needed.
 - For cash/check please complete this form

Student Name:	• For casilic	School:	Grade:
Instructions:			
• Complete form, SIGN,	and make check payable to	ECASD (Eau Claire Area Scl	hool District).
Check below which fee	es are included in your payr	ment.	
	eck, but you must attach a s YMENT FOR LUNCH OR OT		<u>per</u> student
Mail or drop off compl	eted form and payment to E	ECASD Accounting at 500 M	lain Street, Eau Claire, WI 54701
The cash/check fee for partici	pation is \$42 per sport/program	n. No individual or family caps a	apply.
Students who qualify for rec	luced priced meals will pay \$2 e meals will <i>NOT</i> pay a fee (I	21 per sport/activity** (Please o	check box below)
The information you s grams for which your	unch (NSLP) Consent supplied on your Free and Reduchildren may qualify without your sion to share this information	our consent.	will not be shared with other pro-
☐ YES! I give permission	to use the NSLP free and redu	ced information to receive the	discount for Eau Claire Area School get free or reduced price meals.
	Unless noted, sports/	ar Sports/Programs /programs are for Grades 7-8 ne or more quarters on a single	e form.
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cross Country	☐ Basketball—Boys	☐ Basketball—Girls	Soccer—Girls
(Grades 6-8)	☐ Dance (Grades 6-8)	Swimming—Boys (Grades 6-8)	(Grades 6-8)
Soccer—Boys	Forensics*	Wrestling	☐ Softball—Girls
(Grades 6-8)	(Grades 6-8)	(Grades 6-8)	☐ Tennis—Boys ☐ Track
☐ Tennis—Girls	☐ Science Olympiad* (Grades 6-8)		*Activity may flow into
☐ Volleyball	Swimming—Girls (Grades 6-8)		additional quarters
Paid by: Cash	☐ Check Total Am	nount Enclosed \$	
Fees should be paid be	efore the session begins. Fe	es will not be prorated/reimb	oursed for shortened seasons.
Signature of Parent/Guardiar	:		Date:
Conta	act Accounting with Question	ns: 715-852-3016 or accounti	ng@ecasd.us
Office Use Only Date Paid:	Amount:	If applicable, che	eck #:

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