

High School Fee Collection Form

Student Name:	School:	Grade:
Parent/Guardian:	Phone:	
Instructions:		
You may write one check (page 4)	use check which fees are included payable to ECASD) for multiple stuent. (Please fund lunch accounts on a se	udents, but you MUST
☐ Additional/Replacement Short SI Size (circle) XS S M L X	leeved T-Shirt – \$10.00 XL XXL Type (circle) Ba	and Chorus Phy Ed
☐ Additional/Replacement Short Sl	leeved Orchestra Polo – \$20.00 –	- Size (circle) XS S M L XL XXL
Date Paid: Amount:	<u>OFFICE USE ONLY</u> □ Cash □ Check If	applicable, check #:
□ <u>Band/Orchestra:</u> 10-499-20452-125500-48X	ACCOUNTS ☐ Choir: 10-499-20452-125400-48X	☐ <u>Phy Ed:</u> 10-499-20452-143000-48X
High Sc	AREA SCHOOL DISTRICT Chool Fee Collection	_
Student Name:	School:	Grade:
Parent/Guardian:	Phor	ne:
Instructions:		
 While completing form, please check which fees are included in payment. You may write one check (payable to ECASD) for multiple students, but you MUST complete one form per student. (Please fund lunch accounts on a separate check) 		
□ Additional/Replacement Short Sleeved T-Shirt – \$10.00 Size (circle) XS S M L XL XXL Type (circle) Band Chorus Phy Ed		
☐ Additional/Replacement Short Sl	eeved Orchestra Polo – \$20.00 –	- Size (circle) XS S M L XL XXL
Pate Paid: Amount:	OFFICE USE ONLY ☐ Cash ☐ Check If	applicable, check #:
<u>ACCOUNTS</u>		

□ Band/Orchestra: 10-499-20452-125500-48X □ Choir: 10-499-20452-125400-48X □ Phy Ed: 10-499-20452-143000-48X