



EAU CLAIRE
AREA SCHOOL DISTRICT

High School Fee Collection Form

Student Name: _____ School: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

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 Sleeved Orchestra Polo – \$20.00 – Size (circle) XS S M L XL XXL

OFFICE USE ONLY

Date Paid: _____ Amount: _____ ☐ Cash ☐ Check If applicable, check #: _____

ACCOUNTS

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



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