



Eau Claire Area Middle School Fee Collection Form

Student Name: _____ School: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Instructions:

- Please complete form, SIGN, and make check payable to *ECASD (Eau Claire Area School District)*.
- Please *check* below which fees are included in your payment.
- You may write one check but you *MUST* attach this signed Fee Collection Form per student (*DO NOT INCLUDE LUNCH MONEY*).

Eau Claire Area School District Middle School Fee Structure Information

Participation in athletics and/or extra-curricular programs (Forensics, Odyssey of the Mind) will pay according to the following fee structure with no individual or family caps:

- Students who receive no discount on meals will pay \$40 per sport/program
- Students who qualify for reduced priced meals will pay \$20 per sport/program (*see**below*)
- Students who qualify for free meals will *NOT* pay a fee (*see**below*)

Grades 7-8 (except as noted for Grades 6-8) Extra-Curricular Participation Fees			
Quarter 1 Participation	Quarter 2 Participation	Quarter 3 Participation	Quarter 4 Participation
<input type="checkbox"/> \$_____ Cross Country (Grades 6-8)	<input type="checkbox"/> \$_____ Dance	<input type="checkbox"/> \$_____ Wrestling	<input type="checkbox"/> \$_____ Track
<input type="checkbox"/> \$_____ Football	<input type="checkbox"/> \$_____ Basketball—Boys	<input type="checkbox"/> \$_____ Basketball—Girls	<input type="checkbox"/> \$_____ Soccer—Girls
<input type="checkbox"/> \$_____ Volleyball	<input type="checkbox"/> \$_____ Swimming—Girls	<input type="checkbox"/> \$_____ Swimming—Boys	<input type="checkbox"/> \$_____ Softball—Girls
<input type="checkbox"/> \$_____ Soccer—Boys	<input type="checkbox"/> \$_____ Forensics* (Grades 6-8)	<input type="checkbox"/> \$_____ Odyssey of the Mind* (Grades 6-8)	<input type="checkbox"/> \$_____ Tennis—Boys
<input type="checkbox"/> \$_____ Tennis—Girls			<small>*Activity may flow into additional quarters</small>

Paid by: **Cash** **Check**

****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: _____

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