

## 2023-24 Eau Claire Area High School Activity 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:	School:	Grade:
Parent/Guardian:	Phone :	
Parent/Guardian Email:		
nstructions:		
	nake check payable to ECASD (Eau Claire Area	a School District).
Check below which fees are		
	out you must attach a signed Fee Collection Fon Fon LUNCH OR OTHER ACTIVITIES).	orm <u>per</u> student
Mail or drop off completed:	form and payment to ECASD Accounting at 50	00 Main Street, Eau Claire, WI 54701
**Students who qualify for reduced **Students who qualify for free me **National School Lunch The information you suppli	n is \$52 per program. No individual or family caps and priced meals will pay \$26 per activity** (Please class will NOT pay a fee** (Please check box below)  (NSLP) Consent ed on your Free and Reduced School Meals Application may qualify without your consent.	check box below)
☐ YES! I give permission to us	to share this information for the discount on you e the NSLP free and reduced information to receive filling out this form will not change whether your chil	e the discount for Eau Claire Area School
	Activity	
	<ul><li>Academic Decathlon (NHS Only)</li></ul>	
L	<b>D</b> Drama	
	Forensics	
	☐ Mock Trial (MHS Only)	
Paid by:	☐ Cash ☐ Check Total Amount	Enclosed \$
Fee	es will not be prorated/reimbursed for shortened	d seasons
Signature of Parent/Guardian:		Date:
	counting with Questions: 715-852-3016 or acco	
Office Use Only Date Paid:	Amount: If applicable	e, check #:

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