



2024-25 Eau Claire Area Special Olympics Fee Form

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

Student Name: _____ School: _____ Grade: _____

Parent/Guardian: _____ Phone : _____

Parent/Guardian Email: _____

Instructions:

- Complete form, SIGN, and make check payable to ECASD (Eau Claire Area School District).
- Check below which fees are included in your payment.
- You may write one check, but you must attach a signed Fee Collection Form per student (DO NOT INCLUDE PAYMENT FOR LUNCH OR OTHER ACTIVITIES).
- Mail or drop off completed form and payment to ECASD Accounting at 500 Main Street, Eau Claire, WI 54701

Students who qualify for reduced priced meals will pay half price fee per sport/activity (Please check box below)

Students who qualify for free meals will NOT pay a fee (Please check box below)

**National School Lunch (NSLP) 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 fees.

- YES!** I give permission to use the NSLP 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.

<p>Elementary School and Middle School Activities</p> <p>Fall</p> <p><input type="checkbox"/> Bowling.....\$42</p> <p>Winter</p> <p><input type="checkbox"/> Basketball Skills...\$42</p> <p>Spring</p> <p><input type="checkbox"/> Track.....\$42</p>	<p>High School Activities</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Fall</td> <td style="width: 50%;">Spring</td> </tr> <tr> <td><input type="checkbox"/> Bowling.....\$103</td> <td><input type="checkbox"/> Track.....\$103</td> </tr> <tr> <td colspan="2">Winter</td> </tr> <tr> <td><input type="checkbox"/> Basketball Skills.....\$103</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Basketball Team.....\$103</td> <td></td> </tr> </table> <p>Check if applicable (High School Only):</p> <p><input type="checkbox"/> Individual Cap: Pay for fall & winter, spring sport is free</p>	Fall	Spring	<input type="checkbox"/> Bowling.....\$103	<input type="checkbox"/> Track.....\$103	Winter		<input type="checkbox"/> Basketball Skills.....\$103		<input type="checkbox"/> Basketball Team.....\$103	
Fall	Spring										
<input type="checkbox"/> Bowling.....\$103	<input type="checkbox"/> Track.....\$103										
Winter											
<input type="checkbox"/> Basketball Skills.....\$103											
<input type="checkbox"/> Basketball Team.....\$103											

Paid by: **Cash** **Check** Total Amount Enclosed \$ _____

Fees will not be prorated/reimbursed for shortened seasons

Signature of Parent/Guardian: _____ Date: _____

Contact Accounting with Questions: 715-852-3016 or accounting@ecasd.us

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