

2024-25 Middle School 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.

0		neck, piease complete this	
			Grade:
Parent/Guardian:		Phone :	
Parent/Guardian Email:			
Instructions:			
 Complete form, SIGN, 	and make check payable t	o ECASD (Eau Claire Area Sch	nool District).
	es are included in your pay		
(DO NOT INCLUDE PA	YMENT FOR LUNCH OR O	•	
Mail or drop off compl	eted form and payment to	ECASD Accounting at 500 M	ain Street, Eau Claire, WI 54701
The cash/check fee for partic	ipation is \$42 per sport/progra	ım. No individual or family caps a	ipply.
Students who qualify for rec **Students who qualify for fre	duced priced meals will pay see meals will NOT pay a fee	\$21 per sport/activity** (Please c (Please check box below)	heck box below)
The information you	unch (NSLP) Consent supplied on your Free and Rec children may qualify without y		will not be shared with other pro-
We must have your permiss	sion to share this informatio	on for the discount on your fee	S.
		uced information to receive the cot change whether your children	liscount for Eau Claire Area School get free or reduced price meals.
Extra-Curricular Sports/Programs Unless noted, sports/programs are for Grades 7-8 You may choose to submit one or more quarters on a single form.			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
☐ Cross Country (Grades 6-8)	■ Basketball—Boys	=	Soccer—Girls
Football	☐ Dance (Grades 6-8)		(Grades 6-8) ☐ Softball—Girls
☐ Soccer—Boys	Forensics*	☐ Wrestling	Tennis—Boys
(Grades 6-8)	(Grades 6-8)	(Grades 6-8)	☐ Track
☐ Tennis—Girls	Science Olympiad* (Grades 6-8)		*Activity may flow into
☐ Volleyball	Swimming—Girls (Grades 6-8)		additional quarters
Paid by: 🚨 Cash	Check Total A	mount Enclosed \$	
Face should be reid b	efore the sossion bosins. F	age will not be proroted/reimb	ursed for shortened seesens
Fees should be paid before the session begins. Fees will not be prorated/reimbursed for shortened seasons.			
Signature of Parent/Guardiar	1:		Date:
Contact Accounting with Questions: 715-852-3016 or accounting@ecasd.us			
Office Use Only Date Paid: Amount: If applicable, check #:			
Only Date Faid.			

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