



Eau Claire Area High School 2024-25 PSAT/NMSQT Test Fee Collection/Waiver Form

- To pay by credit card, go to myschoolbucks.com to create and account and add your student(s). Select fee from school store and complete your registration. No form needed.
- For cash/check, please complete this form and enclose payment, if applicable.

Stude	nt Name:	School:		Grade:
Paren	t/Guardian:		Phone :	
Mailin	g Address:			
Paren	t/Guardian Email:			
	ctions:			
• Co	emplete form, SIGN, and	make check payable to ECASD (E	au Claire Area School	District).
		but you must attach a signed Fee IENT FOR LUNCH OR OTHER ACT		<u>er</u> student
• Ma	ail or drop off completed	d form and payment to ECASD Ac	counting at 500 Ma	in Street, Eau Claire, WI 54701
	ee for participation Students who qualify fo	is \$21. r free/reduced priced meals wi	ll NOT pay a fee**	(Please check box below)
	The information yo	Lunch (NSLP) Consent ou supplied on your Free and I er programs for which your ch		
We m	nust have your perr	nission to share this inform	ation to waive tl	ne test fee.
	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.			
	•	rm (one student/form), <i>SIGI</i> n taking the PSAT/NMSQT		
Sign	ature of Parent/G	uardian:		
	Con	tact Accounting with questions at a	accounting@ecasd.u	us
Office Use Only	Date Paid:	Amount:	If appli	cable, check #:
In acco	rdance with Federal law and	U.S. Department of Agriculture policy, the	nis institution is prohibite	ed from discriminating on the

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