2026-27 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.

Elementary School and Middle School Activities

Fall
☐ Bowling……..$42

Winter
☐ Basketball Skills…$42

Spring
☐ Track……..$42

High School Activities

Fall
☐ Bowling……..$103

Spring
☐ Track……..$103

Winter
☐ Basketball Skills……$103
☐ Basketball Team…..$103

Check if applicable (High School Only):
☐ Individual Cap: Pay for fall & winter, spring sport is free

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

Fees will not be prorated/reimbursed for shortened seasons

Signature of Parent/Guardian: _____ Date:_____

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

9/30/2022