



Activity Fee Payment Form

(To be used only by those who Do Not Have Online Access to PaySchools Central)

School Year: _____

Parent/Guardian Name: _____

Telephone Number: Email Address: _____

Name and Address on Check: _____

Check Number: _____ Amount of Check: _____

Student Name: _____

Amount paid for this student: _____

Attending School: _____

Activity/Sport(s): _____

Student Name: _____

Amount paid for this student: _____

Attending School: _____

Activity/Sport(s): _____

Student Name: _____

Amount paid for this student: _____

Attending School: _____

Activity/Sport(s): _____

This form must accompany all cash or check payments

You may mail checks or hand deliver cash to:

Office of Secondary Education

West Chester Area School District, 782 Springdale Drive Exton, PA 19341

484-266-1016 activityfee@wcasd.net

MAKE CHECKS PAYABLE TO: WEST CHESTER AREA SCHOOL DISTRICT

Bottom Portion for Parent/Guardian submitting payment



Activity Fee Payment Receipt

Name of WCASD Employee Accepting Check/Cash: _____

Date Sent via mail/Rec'd in person: _____

School Year: _____

Student(s) Name/ School: _____

Student(s) Name/ School: _____

Student(s) Name/ School: _____

Check # / Amount: _____