

FOREST HILLS PUBLIC SCHOOLS
Athletic Department



Interscholastic Athletic Program Participation Fee

Year: 20_____ Season: Fall Winter Spring

Student Name: _____ CHS CMS Sport: _____
 NHS NMS

EHS EMS Grade: _____

Student Name: _____ CHS CMS Sport: _____
 NHS NMS

EHS EMS Grade: _____

Student Name: _____ CHS CMS Sport: _____
 NHS NMS

EHS EMS Grade: _____

Middle School Fee: \$75 per season

High School Fee: \$140 per season

Annual maximum fee per family: \$525

Acceptable payment methods:

New for 2014-2015, payments can be made online

<https://www.sendmoneytoschool.com/Dashboard/Login.aspx>

Office Use Only	
Total Amount Paid:	_____
Online _____	Cash _____
Check # _____	payable to "FHPS"

Additional options: check or cash

Fees must be paid in full prior to the beginning of practice

NO ATHLETE WILL BE DENIED THE OPPORTUNITY TO PARTICIPATE DUE TO FINANCIAL NEED: PLEASE CONTACT YOUR PRINCIPAL FOR CONFIDENTIAL ARRANGEMENTS.

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City/Zip: _____

Parent/Guardian Signature: _____ Date: _____

If you have children participating in interscholastic athletic in other buildings, please indicate below so we can update our records:

Student's Name: _____ School: _____ Sport: _____

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Student's Name: _____ School: _____ Sport: _____

**All forms and payments (if paying by cash or check) should be returned directly to the Athletic Office at the high school or the main office at the middle school.
PLEASE DO NOT RETURN THIS FORM OR PAYMENT TO THE COACH**