



**PERFORMING ARTS PROGRAM and ATHLETIC PROGRAM FEE FORM**  
*Please staple a check to this form and return both to the athletic team coach or the performing arts program advisor. Call 686-1770 with questions regarding high school performing arts programs.  
 Call 686-1760 with questions regarding junior high performing arts programs.  
 Call 686-1770, ext. 3210, with questions regarding athletic programs.*

1. All students in grades 7 through 12 will be assessed a performing arts program fee of \$75.00 for every performing arts program in which they participate, as adopted by the Sycamore Community Schools' Board of Education.
2. All interscholastic athletes in grades 7 through 12 will be assessed an athletic program fee of \$75.00 for every sport in which they participate, as adopted by the Sycamore Community Schools' Board of Education.
3. Student performing arts fees and athletic fees are used to defray the cost of performing arts programs and interscholastic athletic programs in Sycamore Community Schools.
4. For non-tryouts sports, payment of the athletic program fee is due within five business days of first day of official O.H.S.A.A. practice. For tryout sports, payment is due within five business days of team finalization.
5. Parents can securely pay performing arts program and athletic program fees online with a MasterCard or Visa credit card by creating a Parent Portal web account. To create a Parent Portal account, visit [www.sycamoreschools.org](http://www.sycamoreschools.org) and click on Parent Portal.
6. Performing arts program fees are non-refundable. Student athletic program fees are non-refundable after the team has been finalized.
7. Students who do not pay fees or meet payment deadlines can be denied participation in Sycamore's interscholastic athletic programs or performing arts programs.
8. Any student who participates in the Free or Reduced Price Meals Program may be exempt from performing arts program and athletic program fees by authorizing the district to share the status of the family's Free or Reduced Price Meals application.

**Student Name** (please print): \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Activity** (circle one):    Band            Choir            Orchestra            Theatre            Sport

**Specific Extracurricular Activity:** \_\_\_\_\_ **Coach/Advisor Name** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Select one of the following three options:**

<input type="checkbox"/>	Free & Reduced Price Meals waiver. I authorize Child Nutrition Services to share the status of my student's Free and Reduced Price Meals application for the purpose of waiving this pay-to-participate fee.
	<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature Required</span> <span>Date</span> </div>
<input type="checkbox"/>	I paid the program fee online with a credit card. My confirmation number is _____.
<input type="checkbox"/>	Check attached in the amount of \$_____. Check number _____ <i>Please make checks payable to Sycamore Community Schools.</i>