

NORTH OLMSTED ATHLETIC DEPARTMENT



5755 Burns Road
North Olmsted, Ohio 44070
Phone – (440)779-8797
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NORTH OLMSTED CITY SCHOOL DISTRICT ATHLETIC TRANSPORTATION FEE FORM

Name of Student: _____ Grade: _____

Sport/Activity: _____

Circle One:

High School	Middle School
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Name of Parent/Guardian or Sponsor: _____ Date: _____

Address: _____

Phone: _____

Please make **check** or **money order** payable to: **North Olmsted City Schools**. All fees are due two weeks after the first day of practice and will be collected by the team's coach. **NO CASH** payments will be accepted. Only one fee will be assessed per student per academic school year regardless of number of sports in which the student participates. **PLEASE USE A SEPARATE FORM FOR EACH STUDENT**. Fees are as follows:

High School Athletes: \$75.00
Middle School Athletes: \$50.00

Office Use Only

Date of Payment: _____ Deposit Date: _____

Check/Money Order # _____ Amount: _____

PLEASE RETURN THIS FORM WITH PAYMENT