

STOW-MUNROE FALLS HIGH SCHOOL ATHLETIC DEPARTMENT

July 28, 2011

Dear Parents,

The Board of Education adopted a resolution that started with the 2008-09 school year that implements an activity fee at Stow-Munroe Falls High School and at Kimpton Middle School.

Following are the payment deadlines by athletic season:

Fall – Friday, August 12, 2011

Winter – Friday, November 11, 2011

Spring – Friday, March 9, 2012

If your son or daughter plans to participate in a sport that has a tryout period that selects their team [i.e. basketball] the payment is due once the team is selected.

Important Information Regarding Payment:

1. Checks must be made out to Stow-Munroe Falls Board of Education. Payment must be by check or money order and be attached to the form below, or you can make your payment online at www.smfschools.org.
2. Checks & enrollment form will be accepted in the athletic office between the hours of 7:30am – 3:30pm beginning 8/1/11.
3. There will be **NO** refunds under any circumstances [i.e. injury, quit].
4. There is a \$450.00 per family limit for the 2011-12 school year.
5. Families that qualify for Free/Reduced Lunch, please call 330-689-5204 or 330-689-5211 for further information.
6. Uniforms will **NOT** be issued to an athlete until the fee has been paid.

We appreciate your financial support in helping to offset expenses associated with these programs. We value your assistance and look forward to seeing you on the playing field or in the gym this school year.

Sincerely,



Cyle Feldman, CAA

PLEASE TEAR OFF AND RETURN WITH PAYMENT BEGINNING AUGUST 1, 2011

Parent/Guardian Name	Address	Phone Number
<u>Student Name</u> Please circle HS KP _____	<u>Student Name</u> Please circle HS KP _____	<u>Student Name</u> Please circle HS KP _____
Address (if different from above) _____	Address (if different from above) _____	Address (if different from above) _____
Name of Sport _____	Name of Sport _____	Name of Sport _____
Fee-Sport \$150.00 _____	Fee-Sport \$150.00 _____	Fee-Sport \$150.00 _____

For additional students, please print on the back.

Amount paid (maximum of \$450 per family) \$ _____ Check # _____

OFFICE USE ONLY: Date Received _____ Receipt # _____