

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 2017-2018, payments can be made online via the Parent Portal <https://ps.fhps.net/public/>. Here you will find a link to SchoolPay.

Additional options: check or cash

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

Office Use Only

Total Amount Paid: _____

Online _____ Cash _____

Check # _____ payable to "FHPS"

**NO ATHLETE WILL BE DENIED THE OPPORTUNITY TO PARTICIPATE DUE TO FINANCIAL NEED:
PLEASE CONTACT YOUR ATHLETIC DIRECTOR 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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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