ACTIVITY FEE PAYMENT FORM

(To be used only by those who Do Not Have Online Access to PaySchools Central)

School Year: _____
Parent/Guardian Name: _____
Telephone Number: _____
Email Address: _____

Name and Address on Check: _____
Check Number: _____   Amount of Check: _____

Student Name: _____
Amount paid for this student: _____
Attending School: _____
Activity/Sport(s): _____

Student Name: _____
Amount paid for this student: _____
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Activity/Sport(s): _____

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Amount paid for this student: _____
Attending School: _____
Activity/Sport(s): _____

This form must accompany all <u>cash or check payments</u>
You may mail checks or hand deliver cash to:
Linda Teodoro - Office of Secondary Education
West Chester Area School District, 782 Springdale Drive Exton, PA 19341
484-266-1016 lteodoro@wcasd.net

MAKE CHECKS PAYABLE TO: WEST CHESTER AREA SCHOOL DISTRICT

Bottom Portion for Parent/Guardian submitting payment

ACTIVITY FEE PAYMENT RECEIPT

Name of WCASD Employee Accepting Check/Cash: _____
Spellman Contact: Linda Teodoro   Phone Number: 484-266-1016
Date Sent via mail/Rec'd in person: _____
School Year: _____
Student(s) Name/ School: _____
Student(s) Name/ School: _____
Student(s) Name/ School: _____
Check #/Amount: _____

7/24/21