

STOW-MUNROE FALLS HIGH SCHOOL ATHLETIC DEPARTMENT

August 2016

Dear Parents:

The Board of Education adopted a resolution that started with the 2008-2009 school year that implements an activity fee at Stow-Munroe Falls High School and Kimpton Middle School.

Following are the payment deadlines by athletic season:

Fall – Friday, August 12, 2016
Winter – Friday, November 18, 2016
Spring – Friday, March 17, 2017

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 and enrollment form will be accepted in the athletic office between the hours of 7:30 am – 3:30 pm beginning August 1, 2016.
3. There will be NO refunds, unless circumstances warrant and are approved.
4. There is a \$450.00 cap per family for the 2016-2017 school year.
5. Families that qualify for the Free or Reduced Lunch Program, 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 4, 2014

Parent/Guardian Name	Address	Phone Number
Student Name Please circle HS or KP _____	Student Name Please circle HS or KP _____	Student Name Please circle HS or KP _____
Address (if different than above) _____	Address (if different than above) _____	Address (if different than 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 back.

Amount paid (maximum of \$450.00 per family) \$ _____ Check # _____