



# 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: \_\_\_\_\_  
Attending School: \_\_\_\_\_  
Activity/Sport(s): \_\_\_\_\_

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

**This form must accompany all cash or check payments**

**You may mail checks or hand deliver cash to:**

**Office of Secondary Education**

**West Chester Area School District, 782 Springdale Drive Exton, PA 19341**

**484-266-1016 activityfee@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: \_\_\_\_\_

Date Sent via mail/Rec'd in person: \_\_\_\_\_

School Year: \_\_\_\_\_

Student(s) Name/ School: \_\_\_\_\_

Student(s) Name/ School: \_\_\_\_\_

Student(s) Name/ School: \_\_\_\_\_

Check #/Amount: \_\_\_\_\_