

NORTH OLMSTED ATHLETIC DEPARTMENT

5755 Burns Road
North Olmsted, Ohio 44070
Phone – (440)779-8797
Fax – (440)777-2216



NORTH OLMSTED CITY SCHOOL DISTRICT ATHLETIC TRANSPORTATION FEE FORM

Name of
Parent/Guardian/
Sponsor: _____

Date: _____

Address: _____

Phone: _____

Circle One:

High School

Middle School

Name of Student: _____

Grade: _____

Sport/Activity: _____

Please make **check** or **money order** payable to: **North Olmsted City Schools**. All fees are due two weeks after the first day of practice and will be collected by the team's coach. **NO CASH** payments will be accepted. Only one fee will be assessed per student per academic school year regardless of number of sports in which the student participates. **PLEASE USE A SEPARATE FORM FOR EACH STUDENT**. Fees are as follows:

High School Athletes: \$75.00

Middle School Athletes: \$50.00

Date of Payment: _____

Check/Money Order # _____

Amount: _____

PLEASE RETURN THIS FORM WITH PAYMENT