



Fredonia-Moccasin Unified School District #6

Student Registration Form

Today's Date: _____
 Date To Start: _____
 Grade Level: _____
 Prior School: _____

STUDENT NAME: (Last) _____ (Middle) _____ (First) _____

Date of Birth: _____ Student Social Security #: _____

Does enrolling parent/guardian have legal custody of student? Yes No

Is the student in a Permanent living situation or a Temporary living situation: Please Describe: _____

Hispanic Yes No Ethnicity: Alaskan Native American Indian Asian Black/African American

Hispanic/Latino White/Caucasian Other _____

English Language Learner Services? Yes No Student has an I.E.P. Yes No Student has a 504 Plan? Yes No

Birth City & State: _____ Birth Certificate Yes No Immunizations Yes No

	Father/Guardian 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Mother/Guardian 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Step-Father 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Step-Mother 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Circle Contact Priority <small>1st, 2nd, 3rd</small>				
Name				
P.O. Box				
Physical Address				
City and Zip				
Home Phone				
Cell Phone				
Work Phone				
E-mail				
Educational Rights				
Employer				

Fredonia-Moccasin Unified School District #6 Registration Form – Continued

STUDENT NAME: (Last) _____ (Middle) _____ (First) _____

EMERGENCY CONTACTS				
	1	2	3	4
Name				
Home Phone				
Cell Phone				
Work Phone				
Relationship				

EMERGENCY CONSENT:

Specific Health Problems/Allergies: _____

Recent Surgery, Accident, Illness (past year): _____

Student on Medication Yes No (If Yes Please Specify) _____

I understand by signing below that I am granting permission for any School District employee to act in my stead, if I cannot be reached, should an emergency or accident occur to my child while in their care, including, but not limited to, seeking medical attention for my child. Medical facilities and those under their employ have my permission to act in the best interest of my child at the request of any School District employee.

Parent/Guardian Signature: _____ Date: _____

ALL FIELDS MUST BE COMPLETE -page 2 - Date Entered: _____ Staff Initials _____



**Student Chromebook Computer
Loan Agreement
Fredonia-Moccasin USD**

MANDATORY

Providing chromebook computers for instructional use by FMUSD students is an exciting venture. Certain guidelines are necessary to protect the chromebook and the school network and ensure that this technology serves as an effective instructional tool. Students and their parents/guardians must agree to the following:

1. The student agrees to follow all FMUSD regulations and policies governing the use of the chromebook as well as all applicable State and Federal laws including copyright and intellectual property law pertaining to software and information.
2. This equipment is the property of Fredonia-Moccasin Unified School District, Fredonia, AZ and is herewith being loaned to the student for educational purposes only for the academic school year. The student may not deface or destroy this property in any way. Inappropriate material on the machine may result in the student losing their right to use this chromebook.
3. The student will have a chromebook checked out during the first week of school when all necessary fees have been paid and forms have been signed. The chromebook will be checked in during the last week of school in May. The same chromebook will be returned to the student when school resumes the following fall.
4. The chromebook is the property of FMUSD. If a student withdraws from school prior to the end of the loan period, the chromebook is to be returned to school officials by the student prior to withdrawal.
5. Chromebooks not returned in appropriate manner will be filed as missing and turned over to the proper authorities as theft.
6. The student shall not remove or alter any FMUSD identification labels attached to or displayed on the chromebook, nor shall the student change identification within the chromebook, such as the computer name and network settings.
7. The student agrees to handle the chromebook carefully and protect it from potential sources of damage as explained in the computer use document.
8. The student will assume the risk of loss by theft, destruction, or damage. If, during the loan period, the chromebook is damaged or returned with any accessories missing, FMUSD may charge the student the cost of the repair or replacement. Any chromebook reported stolen without filing a police report within 24 hours of theft may result in payment of full replacement cost of the chromebook.
9. The student must report theft of the chromebook, loss of the chromebook, damage to the chromebook, or malfunctioning of the chromebook to school personnel immediately (within 24 hours, or the following Monday for weekend events).
10. The student and parent agree to indemnify FMUSD against any claim, suit, or damage occurring during or resulting from student's possession or use of the chromebook, including, but not limited to any claim for infringement or violation of applicable trademarks and copyrights attributable to the student's use of the district's chromebook.
11. Upon request, the student agrees to deliver the chromebook to FMUSD staff for technical inspection or to verify inventory or other information. This may include random screening.
12. FMUSD is not liable for lost data or time spent on data. It is the student's responsibility to back up their own data.



Student Chromebook Computer
Loan Agreement
Fredonia-Moccasin USD

User Agreement Signature Form

I have read and agree to abide by all FMUSD policies and regulations for the use of equipment including the Acceptable Use Policy Agreement and Computer Loan Agreement. I accept responsibility for damage to or loss of the equipment listed below while in my possession. I understand that if the computer or any accessory is lost, damaged, or stolen, I may be responsible for the replacement cost. I will report any damage of hardware or software immediately to designated school personnel and will return equipment promptly when requested by school personnel.

Computer Description:

Asset Tag ID Number: _____

Computer Serial Number: _____

Adapter Number: _____

School: Fredonia High School

I understand my responsibilities as a student. Violation of these policies will be subject to loss of use of the chromebook as well as other disciplinary consequences.

Printed Student Name

Student Signature

Date

Parent I understand my responsibilities as a parent/guardian. Violation of these policies will be subject to loss of use of the chromebook as well as other disciplinary consequences.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

I am giving consent for my child to bring the chromebook home. _____
Parent Initial

This agreement MUST be signed and returned in order for the student to check-out/receive a chrome book.

Fredonia Middle/High School-Parent Compact

The Fredonia Middle/High School, the parents, and students agree that this compact outlines how the parents, the school, and the students will share responsibility for improved student academic achievement. This compact also explains how the school and parents will build and develop a partnership that will help children achieve the State's high standards:

School Responsibilities

- Hold parent-teacher conferences. These conferences will be held twice a year.
- Provide parents with frequent reports on their child's progress which may include an individual student report on the State assessment in math, language arts and reading.
- Give reasonable access to staff. Staff is available for consultation with parents as follows: from 7:30 – 8:00 a.m. and from 3:30 – 4:00 p.m.
- Allow parents opportunities to volunteer and participate in their child's class and to observe classroom activities.
- Involve parents in the planning, review, and improvement of the school's parental involvement policy and any school-wide program plan.
- Conduct an annual meeting to inform and explain to parents their rights to be involved, the school's participation in, and program requirements of the Title I, Part A program. This meeting will also include a description and explanation of the curriculum, the forms of academic assessment used to measure children's progress, and the proficiency levels students are expected to meet. At the request of parents, provide meetings for parent to formulate suggestions, and to participate, as appropriate, in decisions about the education of their children.
- Communicate with parents in an understandable format in a language the parents can understand.
- Notify parents when their child has been assigned or has been taught for four (4) or more consecutive weeks by a teacher who is not highly qualified.
- Assist parents in understanding the state's academic standards, state and local assessments, and monitoring their child's progress.
- Involve community-based organizations and businesses and develop appropriate roles for these groups.
- Arrange school meetings at a variety of times, or conduct in-home conferences between teachers and other educators, in order to maximize parental involvement and participation.
- Provide such other reasonable support for parental involvement activities under this section as parents may request or that is supported in District policy.

Parent Responsibilities

- Work with educators to improve the achievement of their child
- Encourage consistent attendance and promptness
- Notify the school when their child is late or absent
- Make sure schoolwork is completed and returned
- Monitor the type and amount of media exposure their child has
- Participate, as appropriate, in decisions relating to their child's education
- Promote positive use of their child's extracurricular time
- Stay informed about their child's education and communicating with the school by promptly reading all notices from the school or the district either received by their child, by phone, or by mail and responding, as appropriate
- Attend meetings and conferences when requested
- Support the school in enforcing school/district rules and administering the consequences
- Keep their contact information current with the school
- Be a good example to their child

Students Responsibilities

- Complete their assignments and turning the assignments in
- Ask for help
- Attend their classes promptly and consistently
- Follow school rules
- Come to their classes with the desire to learn
- Respect others
- Hold themselves accountable for their actions
- Read outside of school as assigned in their class
- Give their parents all notices and information received by the student

Fredonia – Moccasin USD # 6
PO Box 247
Fredonia, Arizona 86022
(928) 643-7333

Annual Notification - Family Education Rights and Privacy Act of 1974

Dear Parent/Guardian:

With the passage of the Family Educational Rights and Privacy Act (FERPA) of 1974, you must be notified annually of the following rights:

1. The right of a student's parent/guardian and eligible student (over eighteen (18) years of age) to inspect and review the student's education records.
2. The intent of the Fredonia/Moccasin USD #6 to limit the disclosure of information contained in a student's education record except: 1) by prior written consent of the student's parents/guardians or the eligible student, 2) as directory information, or 3) under certain limited circumstances as permitted by the FERPA.
3. The Fredonia/Moccasin USD #6 shall not destroy personally identifiable information unless the parents and/or eligible students are first notified in writing.
4. The rights of a student's parents/guardians and/or eligible student to seek to correct parts of the student's records which he or she believes to be inaccurate, misleading or in violation of the student's rights. This right includes the right to a hearing to present evidence that the record should be changed if the district decides not to alter it according to the parent/guardian or eligible student's request.
5. The right of any person to file a complaint with the office of the FERPA, Washington, D.C., if the Fredonia/Moccasin USD #6 violates the FERPA agreement.

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

6. Parents/Guardians or eligible students may obtain a copy of this policy in the following locations:

Superintendent's Office
Administrative Offices
Phoenix, AZ 85013

Administrator for Instructional Services
1220 West Osborne Road
Phoenix, AZ 85013

PLEASE SIGN THIS FORM ON BACK

Annual Notification
Student Records
DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing not to release the student's information without your prior written consent. **If you do not opt out of releasing any and all of the below-designated information, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.**

If you **do not** want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, by September 1, 2020. If the School District does not receive this notification from you it will be assumed that your permission is given to release your son's/daughter's designated directory information.

TO: Principal

I do not want any or all the information I have (checked) ___ below concerning _____ (student's name) designated as directory information and released to any person or organization without my prior written consent:

- | | | | | | |
|-----|--|-----|---------------------|-----|----------------------|
| ___ | Name | ___ | Address | ___ | Telephone listing |
| ___ | Photograph | ___ | Grade level | ___ | E-Mail address |
| ___ | Date/Place of birth | ___ | Dates of attendance | ___ | Major field of study |
| ___ | Honors/awards received | | | | |
| ___ | Enrollment status (e.g. part time/full time) | | | | |
| ___ | Participation in officially recognized activities and sports | | | | |
| ___ | Weight/height of members of athletic teams | | | | |
| ___ | Most recent educational agency or institution attended | | | | |

Parent/Guardian Signature

Date



HEALTH INFORMATION

Fredonia-Moccasin Schools



P.O. Box 247, Fredonia, AZ 86022

(928) 643-7333 phone

(928) 643-7324 fax

Personal Information:

Student: _____ DOB: _____
 Grade: _____ Teacher: _____

Medical Condition (s): _____

Medical Allergies: _____

Food Allergies: _____

MEDICAL HISTORY

Please circle **yes/no** and give the **date** on any of the following that your child **has** or has **already had**:

ALLERGY	Yes/No	Date
Hay Fever/Itchy Eyes	Yes/No	
Frequent Sneezing/Stuffy Nos	Yes/No	

BLOOD/LYMPH	Yes/No	Date
Anemia	Yes/No	
Easy Bruising/Bleeding	Yes/No	

CARDIOVASCULAR	Yes/No	Date
Palpitations	Yes/No	
Rheumatic Fever	Yes/No	
Shortness of Breath	Yes/No	
Tires Easily with Exertion	Yes/No	

EARS/NOSE/THROAT	Yes/No	Date
Trouble Hearing (L or R)	Yes/No	
Wears Hearing Aid (L or R)	Yes/No	
Frequent Ear Infections	Yes/No	
Frequent Runny/Stuffy Nose	Yes/No	
Frequent Nose Bleeds	Yes/No	
Strep Infections	Yes/No	
Tonsilitis/Tonsilectomy	Yes/No	

ENDOCRINE	Yes/No	Date
Fevers/Chills/Excessive Sweatin	Yes/No	
Unexplained Weight Loss Gain	Yes/No	
Feeling Tired A Lot	Yes/No	

EYES	Yes/No	Date
Blindness	Yes/No	
Blurry Vision	Yes/No	
Wears Glasses or Contacts	Yes/No	

GASTROINTESTINAL	Yes/No	Date
Abdominal Pain	Yes/No	
Nausea/Vomiting/Diarrhea	Yes/No	
Constipation	Yes/No	

GENITOURINARY	Yes/No	Date
Bladder Infection/Painful	Yes/No	
Urination	Yes/No	
Enuresis (Daytime Wetting)	Yes/No	
Kidney Infections /Issues	Yes/No	
Problems w/Periods (Females)	Yes/No	

MUSCULOSKELETAL	Yes/No	Date
Broken Bones	Yes/No	
Muscle/Joint Pain or Swelling	Yes/No	
Rheumatism (Arthritis)	Yes/No	
Scoliosis	Yes/No	
Sprains	Yes/No	

NEUROLOGICAL	Yes/No	Date
Headaches/Migraines	Yes/No	
Meningitis/Encephalitis	Yes/No	
Seizures	Yes/No	
Other Head Injuries	Yes/No	

PLEASE CONTINUE ON THE BACK ☺☺☺☺

PSYCHIATRIC / BEHAVIORAL / EMOTIONAL

Yes/No Date

ADD		
ADHD		
Anxiety / Stress		
Bad Temper / Angry Outbursts / Moody		
Depression / Feeling Sad		
Sleep Problems / Nightmares		

SKIN	Yes/No	Date
Acne		
Eczema		
Rashes / Itching		

RESPIRATORY	Yes/No	Date
Asthma / Wheezing		
Bronchitis		
Frequent Cough		
Croup		
Diphtheria		
Pneumonia		
Whooping Cough		

OTHER CONDITIONS	Yes/No	Date
Autism		
Chicken Pox		
Crippling Conditions (MS, CP)		
Diabetes Type 1 or 2		
Measles		
Mumps		
Scarlet Fever		
Valley Fever		

Recent hospitalizations, surgeries, accidents or illnesses in the past year:

Does your child currently take any daily medications? (Please list name, dose & frequency):

Is your child currently under a Doctor's care? Who? For what reason?

Is there a family history of any disease or health condition we should be aware of?

In case of an emergency, and we cannot contact you, do we have your permission to administer first aid and / or CPR when necessary? **YES** **NO**

Signature of Parent/Guardian	Date	School Health Office	Date	

Fredonia/Moccasin Unified School District

The Fredonia/Moccasin Unified School District's information technology resources, including Internet access, are provided for educational purposes. Adherence to the following policy is necessary for continued access to the district's technological resources:

Students must

1. Respect and protect the privacy of others.
 - o Use only assigned accounts.
 - o Not view, use, or copy passwords, data, or networks to which they are not authorized.
 - o Not distribute private information about others or themselves.
2. Respect and protect the integrity, availability, and security of all electronic resources.
 - o Observe all network security practices, as posted.
 - o Report security risks or violations to a teacher or network administrator.
 - o Not destroy or damage data, networks, or other resources that do not belong to them, without clear permission of the owner.
 - o Conserve, protect, and share these resources with other students and Internet users.
3. Respect and protect the intellectual property of others.
 - o Not infringe copyrights (no making illegal copies of music, games, or movies!).
 - o Not plagiarize.
4. Respect and practice the principles of community.
 - o Communicate only in ways that are kind and respectful.
 - o Report threatening or discomfoting materials to a teacher.
 - o Not intentionally access, transmit, copy, or create material that violates the district's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
 - o Not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
 - o Not use the resources to further other acts that are criminal or violate the district's code of conduct.
 - o Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.

Students may, if in accord with the policy above

1. Design and post web pages and other material from district resources that are in harmony with the district's code of conduct.
2. Use direct communications such as IRC, online chat, or instant messaging with a teacher's permission.
3. Use the resources for any educational purpose.

Consequences for Violation. Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources.

Supervision and Monitoring. School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

I ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:

Student

Date

Parent/Guardian

Date

PARENTS, PLEASE DISCUSS THESE RULES WITH YOUR STUDENT TO ENSURE HE OR SHE UNDERSTANDS THEM. THESE RULES ALSO PROVIDE A GOOD FRAMEWORK FOR YOUR STUDENT'S USE OF COMPUTERS AT HOME, AT LIBRARIES, OR ANYWHERE.

Fredonia/Moccasin Unified School District

P.O. Box 247
221 E. Hortt St.
Fredonia, AZ 86022
Phone: 643-7333 / Fax: 643-7044

Superintendent: Todd Gilmore

Dear Parent/Guardian:

To better help the communication between parents and teachers, the Fredonia/Moccasin School District has implemented **Parent Vue**. This will allow you to check the status of your student in regards to academic progress, grades and attendance on the internet.

For the protection of our students, all information will be password protected and the names of the students will not be posted, just an identification number.

Each student will be given a unique PIN that will allow their parent/guardian to log onto the system.

If you have any questions, please feel free to contact the school.

If you would like to take advantage of this opportunity, please sign this paper and return it to the school. If we do not receive this letter back, your student's information will not be posted.

Student Name (Please Print)

(Grade)

Parent/Guardian (Please Print)

Parent/ Guardian (Signature Please)

Date

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE IX STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title IX, Part A, Subpart I

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. This form will become part of your child's school record and will not need to be completed every year. The information on this form will not be released without your written approval.

Definition: Indian means any Individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the State in which they reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD: _____ **DATE OF BIRTH:** ____ / ____ / ____

SCHOOL NAME: _____ **GRADE:** _____

NAME OF TRIBE, BAND or GROUP: _____

Tribe, Band or Group is: (check one)

Federally Recognized, including Alaska Native State Recognized Terminated Organized Indian Group meeting #5 of the definition above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's parent Child's grandparent

Proof of membership, as defined by tribe, band, or group:

A. **Membership or enrollment number:** _____ **OR**

B. **Other (explain):** _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE: _____ **DATE:** _____

Mailing Address: _____ **Telephone:** _____

Notice: Public Reporting Burden Notice.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for parents and 30 minutes per local educational agency (LEA), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, of information.

Send comments regarding this burden or estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651.



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____

School Fredonia High School

School District or Charter Holder Fredonia Moccasin Unified School District

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid U.S. passport
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

Photography Consent Form

The undersigned hereby agrees to accept all conditions set forth in this limited consent and release:

I, the parent/guardian, give Fredonia/Moccasin Unified School District (FMUSD) specific permission to publish, copyright, distribute and/or display photographic images of my student taken and utilized for school purposes including, but not limited to:

- Yearbook
- Student ID Cards
- Newspaper Releases
- CTE Publications
- Slide Shows
- Bulletin Boards, etc.

I understand that FMUSD may use any process or procedure resulting in the completion of the finished product, publication, web page, distribution, or public display without further consideration, and I acknowledge the School's right to crop or treat the photograph at its discretion and release any and all liability by virtue of distortion, blurring, alteration, optical illusion and/or use in composite form, whether the same is intentional or otherwise.

Student Name: _____

Signature Parent/Guardian: _____

Date: _____

Survey Consent Form

Pursuant to A.R.S. 15-117 every school district must obtain written informed consent from the parent or guardian for his/her pupil to participate in any survey for the entire year. A parent/guardian may at any time revoke consent for the pupil to participate in any survey pursuant to subsection A of section 15-117. For any pupil who is at least 18 years of age may consent or revoke consent on their behalf. All surveys conducted will be approved and authorized by the school district.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____



Fredonia High School Student Fees 2023-24

Student Name: _____

Grade: _____

General Fees	Activity Fee	\$25.00	\$25.00
	Yearbook	\$30.00 Full/\$10 Down Payment	\$ _____

Career and Technical Education Student Organizations

Future Farmers of America	\$35.00	\$ _____
Skills USA	\$35.00	\$ _____
FCCLA	\$35.00	\$ _____

Co-curricular	Band	\$35.00	\$ _____
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Extracurricular	Baseball	\$60.00	\$ _____
	Basketball (Boys)	\$60.00	\$ _____
	Basketball (Girls)	\$60.00	\$ _____
	Football	\$100.00	\$ _____
	Softball	\$60.00	\$ _____
	Dance	\$45.00	\$ _____
	Cheer	\$45.00	\$ _____
	Track	\$45.00	\$ _____
	Volleyball	\$60.00	\$ _____

TOTAL FEES \$ _____

Payment: Check # _____ Cash _____ Online _____ Rec. Initial _____

