

COPPELL HIGH SCHOOL
“PAY TO PLAY”

FEE: \$150 per student, per year. Good for all activities during the school year.

WHO: Students who participate in Coppell High School athletics & extracurricular activities.

WHEN: Payment will be collected at schedule pick up. For students paying prior to schedule pick up please bring a copy of your receipt to schedule pick up.

HOW: Cash, Check (payable to Coppell ISD), or Credit Card (Available at Registration)

Athletic Payments may be sent to Terri Bennett in the CHS Athletic Office

Academic & Non-Athletic Payments may be sent to Ronda Skaggs in the CHS Student Services Office

Mailing Address: 185 W. Parkway Blvd., Coppell, TX 75019

LIMITS: There is a \$300 limit per family.

REFUNDS: Refunds are given **ONLY** in the following cases:
student quits prior to first performance or competition
student withdraws from school prior to first performance or competition.

WAIVERS: All CISD employees
Any student on free/reduced lunch program

*A separate form must be completed for every student.

**PAYMENT OF FEES DOES NOT GUARANTEE
PARTICIPATION IN GAMES, CONTESTS, ETC.**

PLEASE PRINT ALL INFORMATION

NAME _____ GR _____ ID# _____

PARENT'S NAME(S) _____ PHONE # _____

ADDRESS: _____

I will participate in the following activities: _____ Athletics _____ *Academic & Non-Athletics*

_____ Baseball _____ Basketball _____ Cross country _____ Football _____ Golf

_____ Soccer _____ Softball _____ Swimming _____ Tennis _____ Track

_____ Volleyball _____ Wrestling _____ *Band* _____ *Cheerleaders* _____ *Choir*

_____ *Lariettes* _____ *Silver Spurs* _____ *Silver Stars* _____ *Speech/Debate*

FOR OFFICE USE ONLY BELOW THIS LINE

Date _____ Cash _____ Check _____ Credit _____ Rec. # _____
Employee _____ Lunch _____ Limit _____

PAY TO PLAY REFUND FORM

Name of Student: _____ Grade: _____

Date of last competitive participation: _____

Sport: _____

Reason for Refund:

Schedule Change

Transfer Out of District

Free or Reduced Lunch

Employee's Child

Duplicate Payment

Ineligible

Parents Name and Address as it appears on the check

Requested by: _____

Please fill out and attach a copy of your schedule change if applicable. Send this information to Terri Bennett in the CHS Athletic Department for athletic requests and Ronda Skaggs in CHS Student Services for academic & non athletic requests.

**NO REFUND WILL BE GIVEN WITHOUT THE
COACH/SPONSOR SIGNATURE**