

BILLINGHURST MIDDLE SCHOOL

7th GRADE 2021-2022 REGISTRATION FEES FORM

Student Name (Print) _____

- Please make check or money order payable to Billinghamst Middle School. Your student's first name, last name and Student ID # should be listed on the check in "memo." Please **do not** submit this form **without payment**.

_____ **Student Activity Fee \$ 10.00** The Student Activity Fee is **required of all students** and covers things not covered by the Team Fee (Student Planner, Student ID, science labs, etc.)

_____ **Team Fee \$40.00** (General Ed/GT/Resource) The Team Fee is **required of all students**. Your team fee covers team activities, events, most fieldtrips, etc. *Team Shirts/Sweatshirts can be purchased at an additional cost during the year.*

_____ **Strategies Class Fee \$50.00** The Team Fee is **required of all students in Mrs. Ress or Mr. Bill Moss's Strategies Program**. Your team fee covers team activities, events, most fieldtrips, etc. and is in place of the "Team Fee".

_____ **Yearbook Preorder \$25.00 (Optional)** This rate is only good through **October 1**. After October 1, the cost will go up to \$30. Yearbook orders end on March 1.

The following elective fees can be paid once your student has their schedule. All fees should be paid to Ms. Carney in the office within the first two weeks of school and may be in one payment. Please do not submit payments to teachers.

<u>ELECTIVES:</u>	<u>FEE</u>	<u>PAID</u>	<u>PERFORMING ARTS:</u>	<u>FEE</u>	<u>PAID</u>
Art	\$15.00	_____	Orchestra/Strings	\$50.00	_____
STEM	\$15.00	_____	Band	\$50.00	_____
Physical Education (Uniform separate)	\$10.00	_____	Choir	\$25.00	_____
			Performing Arts T-Shirt	\$10.00	_____

You may now pay with a credit card. If you wish to do so in person, during the summer break you can stop by the office on Tuesdays and Thursdays, beginning July 27, from 10 a.m. – noon. Otherwise, please fill out the information at the bottom of the form and return the white copy via mail to:

Billinghurst Middle School
Kellie Carney
6685 Chesterfield Lane
Reno, NV 89523

Date Paid: _____

CASH: _____ CHECK: _____ CREDIT CARD*: _____

*Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Signature: _____

***Please note there is a 3% surcharge on every credit transaction as this is what the bank charges us.**

Please keep pink copy as your receipt