

Crimson Express Activity Fee

Please return to Mr. Williams by September 1, 2020

Student Name _____

- ☐ Please take the \$100 Activity Fee from my student's credit account. (I have verified that my student has enough in their account to cover this fee.)
- ☐ Attached is a check for the \$100 Activity Fee.

Payment Plan (\$125 total, \$31.25 due September 1, October 1, November 1, and December 1)

- ☐ Please take the 1st installment of \$31.25 from my student's credit account. (I have verified that my student has enough in their account to cover this fee.)
- ☐ Attached is a check for the 1st installment of \$31.25.

Parent/Guardian Signature _____

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