

STUDENT FEES

**Community High School District 117
2018-2019 School Year**

Name of Student (*please print*) _____ Student ID# _____ Grade Level _____

REQUIRED FEES: (Credit card payment available through the Parent portal in Infinite Campus)

Mandatory for all Onsite Students: English Paperback Usage fee **\$10.00** _____

Mandatory for all Freshman: P.E. Heart Monitor Strap **\$ 6.00** _____

Registration Fees (Including Offsite):

Freshman or New Student (Includes P.E. uniform, hall lock and P.E. lock) **\$ 160.00** _____

Sophomore **140.00** _____

Junior **140.00** _____

Senior (Includes Cap and Gown rental) **160.00** _____

Seniors **new** to District 117- add Cap and Gown rental fee **25.00** _____

Lake County Tech Campus Fee (for students enrolled in program) **\$25.00** _____

Fine Arts Activity Fees: (please circle)

Marching Band/Color Guard Chamber/Madrigals Jazz Band Jazz Choir _____ x **\$40**
(*Cap: \$80 per student, \$120 per family*) **each**

Activity/Club Fees: \$30 fee for competitive clubs/activities will be assessed when club/activity begins. (*Cap: \$60 per student, \$90 per family*)

I will be applying for a Fee Waiver for the 2018-2019 Registration fees. Yes___ No___

OPTIONAL PURCHASES: (Also available through Parent portal in Infinite Campus)

Mosaic/Finesse (Literary Magazine) **5.00** _____

Replacement P.E. shirt **5.00** _____

Replacement P.E. shorts **6.00** _____

P.E. Heart Rate Monitor Strap **6.00** _____

P.E. Sweatshirt **11.00** _____

P.E. Sweatpants **11.00** _____

Replacement lock for P.E. locker **5.00** _____

Replacement lock for hall locker **5.00** _____

Total Fees : _____

Yearbooks may be purchased through Jostens. Please see www.chsd117.org for details.

2018/2019 Student Parking- Please see www.chsd117.org for details.

If paying by check or money order, please make it payable to: **Community High School District 117.**

If paying by credit card (**VISA, Discover, American Express or MasterCard**) you may:

1. Pay online at www.chsd117.org on the Infinite Campus Parent Portal
2. Contact or come into the office of the Student Fees Secretary (ACHS 847-838-7620; LCHS 847-838-7103)
3. Provide the necessary information below and return for processing

Cardholder's Name (please print): _____

Cardholder's Address: _____

City: _____ State: _____ Zip: _____

Please charge my: VISA MasterCard Discover AmExpress Amount: \$ _____

Credit Card Number: _____ - _____ - _____ Exp. _____ CVV _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Cash Check # _____ Date _____ Last Name on Check _____ Amount \$ _____