



Oak Park Elementary School District 97

Grades K-2: \$160

2018-2019 Elementary School Fee Form

PLEASE INCLUDE THIS FORM WHEN PAYING BY CHECK OR CASH ONLY

School Fee Payments:

- **School fees are payable beginning July 1, 2018 and are due by September 30, 2018.**
- All fees may be paid with one check payable to District 97. Please include student name and grade on check.
- The \$160 Student Fee for Grades 3-5 includes: \$77 for Instructional Materials and \$83 for Before/After School & Lunch Supervision.

NOTE: Fee payments may also be made online at www.op97.org by selecting "Web store" under the "Payments" tab. There are no transaction fees for Webstore payments and you can pay and access your payment history for fees, field trips, and much more. Please note that your child's student identification number is required for all online payments and can be found on your child's report card. It remains the same during the time that your child is a District 97 student. New students will be notified of their student ID numbers by mail in August.

School Food Program:

- The food program pricing is as follows: Breakfast \$1.75; Lunch \$2.80; and Milk \$.45 per carton. One carton of milk is included with each breakfast and lunch. One food account covers all breakfast, lunch, and milk charges.
- Funds must be deposited in advance. Food payments may be made by check, money order or cash, or online by credit or debit card at www.op97.org by selecting "MealTime" under the "Payments" tab.
- MealTime accounts can also be created and managed at www.mymealtime.com.

Please use this form for all siblings attending the same school.

School: _____

Student Information:

| Student First & Last Name(s) | Mandatory School Fee \$160 | Food Program Deposit | Total |
|------------------------------|----------------------------|----------------------|-------|
| | | | |
| | | | |
| | | | |
| Total Payment | | | |

Parent/Guardian Information:

| Parent First and Last Name | Daytime Phone | Home Phone |
|----------------------------|---------------|------------|
| | | |

I accept that, in accordance with state law, a \$25 fee and the full amount of the check will be electronically debited from my account if this check is returned for Non-Sufficient Funds (NSF.)

Parent Signature _____ **Date** ____/____/____

Office Use Only

Total Payment Received: \$ _____ (Cash _____ Check _____)

Date Received ____/____/____ Staff Initials _____ Record Entry Date ____/____/____ Staff Initials _____

WHITE COPY: School

YELLOW COPY: Lunchroom

PINK COPY: Parent/Guardian