

OCSC 2017/ 18 REGISTRATION FEE FORM

Please return this form with your payment to ensure payment is credited to your account

School: _____

Parent/ Guardian Name: _____

Amount Submitted: Cash\$ _____ Check Amt \$ _____ Check # _____

Student(s) Name: _____ 2017/ 18 Grade: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have submitted my online Sycamore registration and completed/ updated my FACTS information

Signature: _____ Date: _____
