

MASCONOMET REGIONAL MIDDLE SCHOOL
2024/2025 CO-CURRICULAR ACTIVITY PROGRAM REGISTRATION FORM
(Due September 25, 2024)

Name of Pupil _____ Year of Grad. _____
Age _____ Student I.D.# _____ Phone _____
Address _____ Town _____

Students participating in the Co-Curricular Program are required to pay a fee. The following co-curricular activities with accompanying fee are available to Middle School students.

CO-CURRICULAR ACTIVITIES (payment for the entire 2023-2024 school year)		
ACTIVITY	FEE	
Each activity requires a separate check below		
Masco Excels	\$ 49	Payment due on 25 Sept
Math Team	\$ 49	Payment due on 25 Sept
Newspaper	\$ 49	Payment due on 25 Sept
STEM (Prev. Future Prob. Solvers)	\$ 75	Payment due on 25 Sept
Yearbook	\$ 49	Payment due on 25 Sept
Drama	\$ 75	

Write in the option(s) you are selecting:

If there is more than one child in a family, a separate Registration Form should be filled out for each child.

Forms are located at www.masconomet.org

ACTIVITY	FEE

CHECKS ARE TO BE MADE PAYABLE TO MASCONOMET REGIONAL SCHOOL DISTRICT AND SENT TO THE MASCONOMET REGIONAL MIDDLE SCHOOL OFFICE, 20 ENDICOTT ROAD, BOXFORD, MA 01921 PRIOR TO 09/27/2023.

POLICY ON REFUNDS: The full amount of the specific activity fee will be refunded if (a) the student tries out and is 'cut' from an activity, or (b) the student paid but never participated in the activity. Prorated refunds are available to a student who is unable to participate in an activity because of illness or injury. (A physician's statement is required for this refund.) No refund is available to a student who (a) becomes ineligible for academic or discipline reasons, or (b) moves out of the District, or (c) 'drops-out' of an activity.

SCHOLARSHIP INFORMATION: Located at www.masconomet.org located at Middle School, then "Extracurricular Activities", then "Masco Excels". **Scholarship Deadline: September 25, 2024**

I hereby give my consent for my child to participate in co-curricular activities. I understand the school does not provide medical payments insurance coverage for students involved in co-curricular activities and it is my responsibility to pay all hospital and physician bills for school-related injuries. I assume responsibility for the transportation of my children to and from co-curricular activities if a bus is not provided.

Signature - Student

Signature - Parent/Guardian

Date: _____

Date: _____