

Comal ISD Agriculture Facility Fee Schedule

Agricultural Project Facility					
Check One: FFA Me	mber FA Member* Name of	Sibling (FFA memb	er).		
	g to be an active FFA me				CISD feeder pattern
Student:					
(Print Name)					
Grade Level:	School:		Student ID:		
Parent/Guardian Name: (Print Name)					
Parent/Guardian Contact Parent/Guardian Contact So	rimary Phone Number: econdary Phone Numbe	() er: ()			
	0	FFICE USE ONL	Y :		
Fees Paid in the Amount of	\$	for	Pens (# of	pens)	
Species:		# of each			
Species:		# of each			
Species:		# of each			
# Pen(s) assigned	on			(date)	
# Pen(s) assigned	on			(date)	
# Pen(s) assigned	on		((date)	
Check #(s)	or Cash Paymen	t Receipt Number:			
Check #(s)	or Cash Paymen	Cash Payment Receipt Number:			
Check #(s)	or Cash Paymen	or Cash Payment Receipt Number:			

Comal Independent School District will take steps to assure that lack of English language skills will not be a barrier to admission and participation in all educational and vocational programs.

It is the policy of Comal Independent School District not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.