

REQUEST FOR ATHLETIC PARTICIPATION FEE WAIVER

STUDENT NAME _____ GRADE _____

PARENT NAME _____

PARENT EMAIL ADDRESS _____

ADDRESS _____

SPORT _____

Please provide specific reason(s) why you are applying for an athletic participation fee waiver:
(If the info is not specific to your situation, the waiver will be mailed back to the home address
for revisions.) If student is on the free/reduced lunch program, please indicate that below.

BELOW IS FOR OFFICE USE ONLY

Approval – for office use only

- Partial Waiver I – \$75.00
- Partial Waiver II - \$50.00
- Partial Waiver III - \$25.00
- Full Waiver Granted

Evidence – for office use only

- Proof of Yearly Earnings
- Free/Reduced Lunch Program
- Other _____

