

2017-18 STUDENT ATHLETIC FEE HARDSHIP WAIVER APPLICATION

PLEASE FILL OUT ONE FORM PER FAMILY

NAMES OF ALL CHILDREN APPLYING FOR WAIVER (Last Name, First Name)	GRADE	SPORT SEASON (\$20/Sport):	TOTAL WAIVED/CHILD: Max of \$100/family
		<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	\$
		<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	\$
		<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	\$
		<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	\$
		<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	\$

- MY FAMILY CURRENTLY RECEIVES FREE/REDUCED MEALS
- FAMILY MAXIMUM OF \$100 FOR THE YEAR IS EXCEEDED
- OTHER REASON FOR FEE WAIVER REQUEST:

- WAIVER APPROVED FOR 2017-18 SCHOOL YEAR
- WAIVER DENIED / REASON: _____

ADMINISTRATOR SIGNATURE

DATE

VERIFIED: _____ DATE: _____ INITIALS: _____