

WAIVER REQUEST - ACTIVITIES FEE

Parent or Guardian: To apply for a waiver for reduction in Activity Fees, please complete and return this form to the District 318 Activities Office. **If a student qualifies for the Free/Reduced Lunch Program, authorized verification of eligibility must be shown before activity receipt is issued.**

1. Students for whom application is being made:

Name	Grade	School Attending	Sport/Activity

2. Name of Parent/Guardian: _____ Telephone: _____
Address of Parent/Guardian: _____

3. In order to qualify for a partial waiver, the student must be on the free or reduced lunch program at their school.

Check one if it applies:

- | | |
|--|---|
| <input type="checkbox"/> Free Lunch Program
(\$35 Category I / Gr 9-12)
(\$25 Category II / Gr 9-12)
(\$25 Category I / Gr 7 & 8) | <input type="checkbox"/> Reduced Lunch Program
(\$55 Category I / Gr 9-12)
(\$40 Category II / Gr 9-12)
(\$40 Category I / Gr 7 & 8) |
|--|---|

4. For special hardship conditions, complete the following:

Cost of special hardship: _____ Describe the nature of the hardship: _____

Per Year *or* Per Month

I HEREBY CERTIFY that all of the information furnished is true and correct to the best of my knowledge.

Signature of Parent/Guardian

Date

The information you give on the application is confidential and will be used only for the purpose of determining eligibility for reduction of activity fees.

(For School Use Only)

Action:

Approved

Denied for the following reason:

Signature of District 318 Activities Director

Date