

CONTRACT FOR ACTIVITY FEE WAIVER

Student Name _____ Grade _____

Sporting/Activity _____

I have a need to have my student's activity fee waived for the following reason(s):

Yes No My child qualified for the free lunch program. Attached is a copy of the verification from Nutrition Services.

OR

Yes No I give Nutrition Services permission to verify to my child's school that my child qualifies for the free lunch program.

I understand that my son/daughter will be responsible for working in the school for a total of _____ hours in exchange for the waiver of his/her activity fee.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Administrator Approval _____ Date _____