Application for Activity Fee Reduction



Office of InstructionMat-Su Borough School District 501 N. Gulkana
Palmer, AK 99645

P: (907) 746-9212 || F: (907) 746-9292

Student Name:	Grade:
Sport/Activity:	
I have a need to have my student's activity fee waived for the following reasons:	
Yes No My child qualified for the verification from Nutrition So	e free lunch program. Attached is a copy of the ervices.
Yes No I give Nutrition Services child qualifies for the free lund	permission to verify to my child's school that my
child qualifies for the free fulls	ch program.
	Data
Student Athlete Signature:	
Parent/Guardian Signature:	Date:
Administrator Signature:	Date: