



APPLICATION FOR ACTIVITY FEE REDUCTION

Student Name: _____ **Grade:** _____

Sport/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.

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

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____