



**Athletic Participation Fee Waiver Request Form**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Sport \_\_\_\_\_

Sport Season:            Fall \_\_\_\_\_            Winter \_\_\_\_\_            Spring \_\_\_\_\_

Amount Requested to be waived \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

Approval (to be filled out by office)

Referred by: \_\_\_\_\_  
(Coach/Counselor/Administrator)

Rationale/Comments:

\_\_\_\_\_ Free & Reduced Lunch Student – With documentation

\_\_\_\_\_ Other

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** One copy of this form should remain in the building and one copy **MUST** be sent to the District Athletic Office. The fee waiver request will **NOT** be official until the waiver form is approved by the Director of Athletics.