

Athletic/Co-Curricular Request for Fee Waiver or Payment Options



Students participating in athletics, clubs, and activities may qualify for waived fees or may request a payment plan for the required fees. **This form is not for registration fees, course fees, or other district fees.**

Waivers and Payment Options

The District's fee schedule provides for a possible waiver of fees and/or payment plan.

- Students have two possible alternative plans for participation fees: Students meeting the requirements for free or reduced lunch may participate in all activities at no charge.
- Students not covered under the free and reduced lunch provisions may request a payment plan of two or three payments over the course of the season for each sport or activity.
- Families experiencing a special financial hardship may request a waiver of fees by filling out the form and attaching a statement of circumstances.

Fees for free and reduced participants may not be waived without a signed permission slip from the parent or guardian permitting the food service department to release the information to the athletic secretary of the school where participation is taking place **OR attach a copy of your eligibility letter that you received from the food service office.** The athletic secretary at the Sr. High or Jr. High will review and approve or deny waived fees for Free Lunch Option, special circumstance payment plan requests, and financial hardship requests for **school-sponsored activities.**

Please fill out the form below:

Student Name: _____ Grade: _____

List sports/activities: _____ School: _____

Select one: Waived Fee -

- Free or Reduced Lunch Option
- Payment Plan
- Special Financial Circumstances (requesting waived fee) ****Statement Required**

If you selected **Waived Fee Option**, permission must be provided by the parent or guardian for the free or reduced lunch information to be released to the school office (**see attached permission form**).

If you selected **Special Financial Circumstances Option**, a **written statement** regarding the special circumstances must be attached to this form. If you have attached a copy of your eligibility letter, your signature below is not required.

Parent/Guardian Signature _____
Date

For Office Use Only

- | | | |
|--|-------------------|-----------------|
| ○ Verification reviewed for free lunch | ○ Waiver Approved | ○ Waiver Denied |
| ○ Approved for Payment Plan Option | ○ Waiver Approved | ○ Waiver Denied |
| ○ Special Financial Circumstances | ○ Waiver Approved | ○ Waiver Denied |

Authorization for Sharing Food Service Information with Other Programs

You DO NOT need to fill out this form if you attach a copy of your Free/Reduced Eligibility Letter you received from the school.

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced-Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

- Yes!** I DO want school officials to share information from my Free and Reduced-Price Meals Application with the athletic secretary of the school below for the purpose of the possible waiver of co-curricular and/or athletic fees.

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the student listed below. Your information will be shared only with the programs listed above.

Child's Name: School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call the School Nutrition Office at 715-241-9700 x 2407 or email at DCE-mealappl@dce.k12.wi.us

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or Fax: (202) 690-7442; or email: program.intake@usda.gov.

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