

# Westport Middle-High School Athletic Department

## Athletic User Fee Waiver Form



**NOTE: Please refer to the User Fee Waiver Guidelines, as outlined in the Westport Middle-High School Student-Athlete/Family Handbook, before completing this form.**

**This form must be returned with a copy of your previous year's tax return, documenting dependents and income OR with a copy of your completed Free and Reduced Lunch Application.**

Student-Athlete Name: \_\_\_\_\_ Foster Child: \_\_\_\_Yes \_\_\_\_No

Parent/Guardian/Caregiver Name: \_\_\_\_\_

Gross Monthly Income  
from ALL sources  
(Before Deductions)

\$ \_\_\_\_\_

Names of ALL Household Members:	TYPES of INCOME TO REPORT
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	<p><b><u>Earnings from Work</u></b></p> <p>wages/salaries/tips      strike benefits      business income</p> <p>worker's compensation      unemployment income</p>
	<p><b><u>Pension/Retirement/Social Security</u></b></p> <p>pension                  SSI                  Retirement</p> <p>veterans' benefits      social security benefits</p>
	<p><b><u>Other Income</u></b></p> <p>disability benefits   draws on savings      interest/dividends</p> <p>estate income      net royalties/annuities</p> <p>contributions for others outside your household</p> <p>public assistance payments</p> <p>welfare payments</p>

***I certify that all of the above information is true and correct and that all income is reported on this Waiver Form.***

Printed Name of Parent/Guardian/Caregiver

Signature of Parent/Guardian/Caregiver

Date

Street Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Best Telephone No. to reach you at: \_\_\_\_\_ Work Telephone: \_\_\_\_\_