Athletic Fee Waiver Request



The Guilford County Board of Education believes that participation in athletics offers many positive benefits for students and does not want to place any undue burdens on parents/guardians who cannot afford to pay the \$45 athletic fee for their children.

Student Information	
Name:	Student ID Number:
School:	Sport(s):
Parent/Guardian Information	
Name:	Phone:
Mailing Address:	
Email:	
Supporting Information	
Parents/guardians who cannot afford the have extenuating circumstances, cannot should indicate their reason(s) below an Unforeseen/excessive fa Three or more student-at Recent loss of home and	thletes d/or job t within the last calendar year.
As parent or legal guardian of the stude fee. I affirm the information provided on	nt named above, I am requesting a waiver of the athletic this application is accurate.
Parent/Guardian Signature:	Date:
Athletics and Drivers Education,	supporting documentation to the GCS Director of 120 Franklin Blvd, Greensboro, NC 27401 Email: hebbarl@gcsnc.com
The director will review the requi-	est and make the final determination regarding the

student's eligibility for a waiver.