

WAIVER APPLICATION FOR SUMMER SCHOOL 2025

Parents of Free and Reduced Lunch students do not need to complete this application. The activity fee is automatically waived for all **Free and Reduced Lunch students**.

All approved requests are valid for one summer only. Applications must be submitted annually. The identity of students receiving activity fee waivers shall be kept confidential.

Please provide the following information:

Student Name	Grade	School
Student Name	Grade	School
Student Name	Grade	School
Home Address	Phone (1)	Phone (2)

I certify that our family is currently experiencing hardship. I will notify the Assistant Superintendent if our circumstances change.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Please submit this form to activityfee@wcasd.net or mail to:

Dr. Kalia Reynolds
Deputy Superintendent
782 Springdale Drive
Exton, PA 19341