

Tacoma Public Schools Athletics Fee Waiver or Reduction Request Form

This form is for families who do not qualify for Free or Reduced Lunch but are experiencing financial hardship and would like to request a waiver or reduction of athletics participation fees. This form must be completed for each season and for each student athlete.

Student Name: _____ Grade Level: _____

School: _____ Student ID: _____

Sport/Season: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Phone Number: _____ Email Address: _____

Request Details:

Due to a financial hardship, I am only able to contribute \$ _____.

Reason for Request: Describe the financial hardship that is affecting your ability to pay:

Certification:

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that submission of this form does not guarantee approval, but I will be notified of the decision in a timely and respectful manner.

Signature of Parent/Guardian: _____ Date: _____

School Use Only (To be completed by the Fee Review Team)

Date Received: _____ Reviewed by: _____

Decision: ☐ Approved – Full Waiver ☐ Approved – Reduced Fee: \$ _____ ☐ Denied

Date Decision Communicated: _____

Notes: _____