

Appendix A

Trumbull Public Schools
REQUEST FOR REDUCTION OF FEES



FOR PAY TO PARTICIPATE IN SCHOOL ACTIVITIES

This form is for parents/guardians who do not qualify for free and reduced lunch status and are wishing to request a reduction of the Pay to Participate Fee. It shall be submitted to the Superintendent of Schools, 6254 Main Street, Trumbull, CT, 06611.

Student Name _____ School Grade _____

Address _____ Phone No. _____

Parent/guardian E-mail _____

Activity: _____ Athletics _____ Elementary Band _____ Elementary Strings
(Name of Sport)

_____ THS Musical _____ Student One-to-One Device _____ Other _____
Insurance Program (Name of Activity)

I/We understand that determination of eligibility for a reduction of fees requires an evidence-based need. Consideration for granting a reduction of fees is predicated on a review of documents including, but not limited to, financial hardship. You must attach parent/guardian proof of income for the current year (e.g., paycheck stub, unemployment benefits, Social Security/disability benefits).

Please Note: Unless the financial information listed above is shared, your request cannot be considered.

I/We hereby request that my/our child named above be granted a reduction in fees for payment of the Pay to Participate Fee for the reason(s) below. (Please provide any additional overview of financial hardship.)

Signature of Parent(s)/Guardian(s), or of Student if past the age of majority

FOR ADMINISTRATIVE USE ONLY – DO NOT WRITE BELOW

Date of Review _____ Reduction Granted (_____) Reduction Denied (_____) _____

Additional Information Needed (financial specificity) _____

Date of Notice to Applicant _____

Superintendent of Schools, or designee