



WILSON SCHOOL DISTRICT

Department of Athletics



Drew Kaufmann
Athletic Director – ext. 1142
kauand@wilsonsd.org

Jennifer Shutter
Assistant – ext. 1141
shujen@wilsonsd.org

ACTIVITY FEE WAIVER REQUEST

Please answer all questions on this form. Your response will be used to determine your eligibility to receive a fee reduction or a full waiver of fees.

1. Parent Name: _____

2. Home Address: _____
Street
City
State
Zip

3. Primary Phone Number: _____

4. List the names of your child or children who are participating in a club or athletic team that is subject to the activity fee and you are requesting accommodations for:

a. Child's Name		Grade & Building
b. Child's Name		Grade & Building
c. Child's Name		Grade & Building
d. Child's Name		Grade & Building

5. Do your children receive free or reduced school meals? **NO** **YES**
 (I give WSD permission to verify this information)

6. Are any of your children involved with non-school, youth programs (e.g. Scouts, Van Reed, STAA, Liberty, dance groups, Rage, FC Revolution)? **NO** **YES**
 Please describe: _____

7. If a lump sum fee of \$75 is cost-prohibitive, could you afford an installment plan of three \$25 payments? _____

8. If the \$75 fee is cost-prohibitive, how much could you contribute to offset the cost of the district's extracurricular programs? _____

9. Are there any other circumstances you wish us to know about? _____

Signature: _____ Date: _____