

ACTIVITY FEE WAIVER REQUEST

PLEASE ANSWER ALL QUESTIONS ON THIS FORM. YOUR RESPONSES WILL BE USED TO DETERMINE YOUR ELIGIBILITY TO RECEIVE A FEE REDUCTION OR A FULL WAIVER OF FEES.

1. Parent Name: _____
2. Home Address: _____
3. Home Telephone Number (MUST PROVIDE): _____
4. List the name of your child or children who are participating in an activity or athletic team that is subject to the activity fee. Also, please list the activity or team:
Child's name: _____
Child's name: _____
Child's name: _____
5. Does your child or children receive free or reduced lunches? NO _____ YES _____
6. If a lump sum fee of \$50 or \$80 is cost-prohibitive, could you afford an installment plan of two \$25 payments or four \$20 payments? NO _____ YES _____
7. If the fee is cost-prohibitive, how much could you contribute to offset the cost of the district's extracurricular programs? _____
8. Are there any other circumstances you wish us to be aware of? _____

Please return this form to:

Dover Area High School, 46 West Canal Street, Dover PA 17315

c/o Mr. Rich Leathery, Athletic Director

email: rleathery@doversd.org Fax: 292-7303