

# School district of Waukesha

## Request for Reduced Athletic Fee

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please circle the appropriate statement below. By doing so, you are authorizing the release of information indicating your child qualifies for free or reduced meals:

*Student currently receives free meals*

*Student currently receives reduced meals*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Business Office Verification: \_\_\_\_\_

Date: \_\_\_\_\_

An athletic fee of \$\_\_\_\_\_ has been agreed upon by the above signed.

If the reduction is approved, your child's Infinite Campus account will be updated. The fee must be paid in full before the end of the current season for your child to eligible for the next season.