

# Athletic/Co-Curricular Request for Fee Waiver or Payment Options



Students participating in athletics, clubs, or activities may qualify for waived fees, or may request a payment plan for the required fees. **This form is not for registration fees, course fees, or other district fees.**

## Waivers and Payment Options

The District's fee schedule provides for a possible waiver of fees and/or payment plan.

- Students have two possible alternative plans for participation fees: Students meeting the requirements for free or reduced lunch may participate in all activities at no charge.
- Students not covered under the fee and reduced lunch provisions, may request a payment plan of 2 or 3 payments over the course of the season for each sport or activity.
- Families experiencing a special financial hardship may request a waiver of fees by filling the form and attaching a statement of circumstances.

Fees for free and reduced participants may not be waived without a signed permission slip from the parent or guardian permitting the food service department to release the information to the principal of the school where participation is taking place **OR** attach a copy of your eligibility letter that you received from the food service office.

The Sr. High, Jr. High, or Middle School Principal will review and approve or deny waived fees for Free Lunch Option, special circumstance payment plan requests, and financial hardship requests for **school sponsored activities**.

**Please fill out the form below:**

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

List sports and activities: \_\_\_\_\_ School: \_\_\_\_\_

Select one: \_\_\_\_\_ Waived Fee – Free or Reduced Lunch Option  
 \_\_\_\_\_ Payment Plan  
 \_\_\_\_\_ Special Financial Circumstances (requesting waived fees)\*\* - **Statement required**

If you selected the **Waived Fee Option**, permission must be provided by the parent or guardian for the free or reduced lunch information to be released to the school office. **You must fill out the back side of this form OR attach a copy of your free or reduced eligibility letter to qualify for the fee waiver.** \*\*If the Special Financial Circumstances option is chosen, a **written statement** regarding the special circumstances must be attached to this form. If you have attached a copy of your eligibility letter, your signature below is not required.

\_\_\_\_\_  
 Parent/Guardian Signature Date

### For Office Use Only:

____ Verification Reviewed for free lunch	____ Waiver Approved	____ Waiver Denied
____ Approved for Payment Plan Option	____ Waiver Approved	____ Waiver Denied
____ Special Financial Circumstances		

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**For fee waiver consideration, BOTH sides of this form need to be completed and signed (unless you attach a copy of your free or reduced eligibility letter).**

A copy of this form must be kept on file in the Principal's Office.

## AUTHORIZATION FOR SHARING FOOD SERVICE INFORMATION WITH OTHER PROGRAMS

**YOU DO NOT NEED TO FILL OUT THIS FORM IF YOU ATTACH A COPY OF YOUR FREE/REDUCED ELIGIBILITY LETTER THAT YOU RECEIVED FROM THE SCHOOL NUTRITION DEPARTMENT.**

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with the principal or athletic office staff of the school below for the purpose of the possible waiver of co-curricular and/or athletic fees.

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the student listed below. Your information will be shared only with the programs listed above.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call the School Nutrition office at 715-241-9700 x2407 or email at [DCE-mealappl@dce.k12.wi.us](mailto:DCE-mealappl@dce.k12.wi.us)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](#) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.