

ACTIVITY FEE / FEE WAIVER FORM ATHLETICS 2018-2019

Dear Parents, Guardians and Students:

Please complete this form and return to the Main Office. This form WILL NEED to be received BEFORE the first day of practice. Students will NOT be allowed to participate until ALL paperwork is completed, including this Activity Fee form.

Parent / Guardian Name:	Date:
Address: City, State, Zip:	Phone #:
Student's Name:	Grade:
Sport:	

Please check the appropriate box and return this form with the amount of money indicated on your choice. Please make all checks payable to Mt. Abram High School.

- Waived fee due to ANNUAL CAP per student (student has already paid for TWO seasons)
- FULL Pay to Participate fee of \$50.00
 - Check# _____
 - Money Order
 - Cash
- I request a REDUCED Pay to Participate fee of \$25.00 based on my child's eligibility for free / reduced lunch.
 - Check # _____
 - Money Order
 - Cash
- I request a waiver based on financial hardship.

If you are requesting a reduced fee or fee waiver for any reason other than your free / reduced lunch eligibility please deliver or mail a written request stating the reason to:

Athletic Director @ Mt. Abram High School
1513 Salem Road
Salem Twp, ME 04983

Parent / Guardian Signature: _____ Date: _____

