

ACTON-BOXBOROUGH REGIONAL HIGH SCHOOL

ATHLETIC DEPARTMENT

REQUEST FOR WAIVER OF ATHLETIC FEE

In order to receive a full waiver for the athletic fee you must have been approved for free or reduced price meals by the district. Please allow your information to be shared with school principal.

Information can be found at:

<http://www.abschools.org/departments/food-services>

- If you have been approved for free and/or reduced meals, please fill out this form and in the explanation please indicate that you were approved for free or reduced priced meals.
- If you do not qualify for a free or reduced priced meal you may fill out this form and schedule an appointment to meet with the Athletic Director for a reduced amount of up to 50% of the athletic fee.
- If this waiver is for Family Cap then no appointment is necessary. Please just provide the names of the students and the sports that were paid for at the bottom of this form.

NAME OF ATHLETE _____ SPORT _____

SCHOOL-(Circle one) ABRHS RJGREY DATE _____

Please explain the need for a waiver of fees: _____

Parent Signature _____

Scheduled Appointment Date _____

(Only if not on free and reduced lunch-call Sandra Alexander at 978-264-4700 EX 3420 or Email SalAlexander@abschools.org to schedule one)

Please turn this into the Athletic Department or Coach.

Family Cap Only- Please fill out

1) Names of students

2) Sports played

3) Amount Paid

_____ Director of Athletics _____ Principal