ASHLAND PUBLIC SCHOOLS
WAIVER REQUEST FORM FOR ATHLETIC PARTICIPATION FEE

To request a waiver, you must provide proof of income from ***ALL*** family members living in the child's/children's home.

Verification of Family Income & Size
(used for Waiver of Athletic Fee)

Parent/Guardian Name:		
Address:	Town:	Zip:
Phone (home):	Phone (other):	

Adults:	First Name	Last Name	Earnings from work before deductions (Weekly)	Welfare, Child Support, Alimony (Weekly)	Pensions, Retirement, Social Security (Monthly)	Other Income (Monthly)
Mother:						
Father:						
Other:						

Attach copies of verification of all income listed above *(such as child support payments, Federal Tax Return Form 1040 page 1 & 2, SSI, AFDC, etc.)* ***Pay stubs must show year-to-date earnings. (DO NOT SEND ORIGINALS).*** *Failure to provide proof of all income will result in a delay in processing this request and a possible late start to athletic participation. It is your responsibility to provide this information in a timely manner.*

Children: Include all children living at home	First Name	Last Name	Age	Grade	School	Food Stamp or TANF Case # (if any)

Mail this form and all documentation to:

Kevin Anderson, Athletic Director, Ashland High School, 65 East Union St. Ashland, MA 01721.

FOR OFFICE USE ONLY:
Request Approved: Date: _____

Request Denied: Date: _____ Reason: _____