

ACTIVITY FEE WAIVER REQUEST

PLEASE ANSWER ALL QUESTIONS ON THIS FORM. YOUR RESPONSES WILL BE USED TO DETERMINE YOUR ELIGIBILITY TO RECEIVE A FEE REDUCTION OR A FULL WAIVER OF FEES.

1. Parent Name: _____
2. Home Address: _____
3. Home Telephone Number: _____
4. List the name of your student(s) who are participating in an activity or athletic team that is subject to the activity fee. Please list the activity or team:
 - a. Student's name: _____
 - b. Student's name: _____
 - c. Student's name: _____
5. If a lump sum fee of \$50 or \$100 is cost-prohibitive, could you afford an installment plan of two \$25 payments or four \$25 payments? NO _____ YES _____
6. If the fee is cost-prohibitive, how much could you contribute to offset the cost of the district's extracurricular programs? _____
7. Does your student(s) receive free or reduced lunches? NO _____ YES _____
8. Are there any other circumstances you wish us to be aware of? _____

Please return this form to:

Northeastern High School 300 High Street, Manchester, PA 17345

c/o Bryan Stephens, Athletic Director

email: stephensb@nebobcats.org Fax: 268-8719

