

MADISON METROPOLITAN SCHOOL DISTRICT FEE WAIVER/REDUCTION REQUEST HIGH SCHOOL ATHLETICS

1. SCHOOL: ☐ EAST ☐ LAFOLLETTE ☐ MEMORIAL ☐ WEST

2. STUDENT LAST NAME:

STUDENT FIRST NAME:

STUDENT ID:

3. Please check the sport(s) and/or surcharges in which you are requesting a fee waiver/reduction.
(Fees are \$115.00 plus surcharge amounts if indicated.)

<input type="checkbox"/> Baseball				<input type="checkbox"/> POMS/Dance		
<input type="checkbox"/> Basketball	<input type="checkbox"/> boys	<input type="checkbox"/> girls		<input type="checkbox"/> Soccer	<input type="checkbox"/> boys	<input type="checkbox"/> girls
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> boys	<input type="checkbox"/> girls		<input type="checkbox"/> Softball		
<input type="checkbox"/> Cross Country	<input type="checkbox"/> boys	<input type="checkbox"/> girls		<input type="checkbox"/> Swim	<input type="checkbox"/> boys	<input type="checkbox"/> girls
<input type="checkbox"/> Football				<input type="checkbox"/> Tennis	<input type="checkbox"/> boys	<input type="checkbox"/> girls
<input type="checkbox"/> Golf	<input type="checkbox"/> boys	<input type="checkbox"/> girls		<input type="checkbox"/> Track & Field	<input type="checkbox"/> boys	<input type="checkbox"/> girls
	<input type="checkbox"/> \$118.00 surcharge			<input type="checkbox"/> Volleyball	<input type="checkbox"/> boys	<input type="checkbox"/> girls
<input type="checkbox"/> Gymnastics				<input type="checkbox"/> Wrestling		
	<input type="checkbox"/> \$100.00 surcharge				<input type="checkbox"/> \$100.00 surcharge	
<input type="checkbox"/> Hockey	<input type="checkbox"/> boys	<input type="checkbox"/> girls				
	<input type="checkbox"/> \$800.00 surcharge					

* If you are requesting a reduction, please indicate the amount you are requesting to be reduced:

Fall reduction Winter reduction Spring reduction

* If you are requesting a payment plan, please contact the Athletic Director at your school.

4. I am requesting a fee waiver/reduction, as identified above, based upon low-income status and/or other inability to pay.
For purposes of verification of eligibility for the waiver or reduction (select one of the following):

- ☐ For the exclusive purpose of determining eligibility for the fee waiver/reduction requested above, I authorize and grant permission to MMSD staff involved in making fee decisions to access and use the above-identified child's eligibility status with respect to free or reduced-price meals (see important notice on the reverse side of this form).
- ☐ I am providing written documentation that the child's household is presently receiving benefits from FoodShare, FDPIR (Food Distribution Program on Indian Reservations), or W-2 Cash Benefits: **Applicable Case Number:**
- ☐ I attest that the student is a homeless or unaccompanied youth, which can be verified in school records.
- ☐ I will provide and attest to the truth of a written statement that identifies total household gross income (i.e. the total income of all persons in the household who receive income, regardless of the source of the funds).
- ☐ I am requesting a fee waiver / reduction based on other special circumstances that I believe demonstrate an inability to pay as required by MMSD policy

(NOTE: please provide explanation/documentation on reverse).

Parent/Guardian Name-Print

Parent/Guardian Signature

Date

Work Phone

Home Phone

Date: _____ Principal Initial if Approved _____

PRINCIPAL IS EXPECTED TO APPROVE WITHIN 5 DAYS OF REQUEST DATE.

REVERSE SIDE: MMSD FEE WAIVER/REDUCTION REQUEST FORM – HIGH SCHOOL ATHLETICS

Revised/June 2018

Important notice to parents/guardians regarding authorization to access and use
a student's free or reduced-price meal eligibility status

Authorizing District staff to access a student's eligibility status with regard to federal free or reduced price school meal programs is one way that a parent or guardian may demonstrate eligibility for the MMSD fee waivers allowed under School Board Policy. You are not required to authorize this access. If you choose not to authorize this access, your decision will not affect the student's eligibility to participate in the District's school meal program or any other school program or activity. If you choose to authorize this access:

- Only school district personnel directly involved in making the fee waiver eligibility determination will access the student's school meal eligibility status.
- The only information that will be accessed in connection with making fee waiver decisions will be the School District's records indicating that the student is either eligible, or not eligible, for free meals or for reduced-priced meals at school.
- The student's free or reduced-price meal eligibility status will be used only to determine the student's eligibility for the fee waiver(s) you are requesting, and will not be disclosed to any other programs or entities.

(#4 Continued)