W E S T S H O R E S C H O O L D I S T R I C T

Request for Activity Fee Waiver • 2024-2025

PARENT/GUARDIAN: Please provide the information requested below for the student(s) and activities you are requesting a waiver of activity fee(s). Return signed form to the school office.

Student's Formal Name	School Code	Grade 2024-25	Activities

School Codes - **CC**: Cedar Cliff **RL**: Red Land **AL**: Allen **CM**: Crossroads **NC**: New Cumberland

Eligible Activities/Sports

Fall (Grades 7-12)	**Winter** (Grades 7-12)	**Spring** (Grades 7-12)
Cheerleading	Boys Basketball	Baseball
Cross Country	Girls Basketball	Softball
Jr. High Cross Country	Freshman Boys Basketball	Boys Lacrosse
Field Hockey	Freshman Girls Basketball	Girls Lacrosse
Jr. High Field Hockey	Jr. High Boys Basketball	Jr. High Boys Soccer
Football	Jr. High Girls Basketball	Jr. High Girls Soccer
Freshman Football	Indoor Guard	Boys Tennis
Golf	Swimming/Diving	Boys Track
Marching Band/Guard	Wrestling	Girls Track
Boys Soccer	Freshman Wrestling	Jr. High Boys Track
Girls Soccer		Jr. High Girls Track
Girls Tennis		Boys Volleyball
Girls Volleyball		Jr. High Girls Volleyball

Request for consideration based upon:

☐ Student(s) qualify for Free and Reduced Price School Meals

☐ Residential Placement at (Facility Name): _____

☐ Financial Hardship - Please provide information below that will help us with a decision.

I certify that the above information is truthful and accurate:

Parent/Guardian's Signature _____ Date _____

Email Address _____ Daytime Phone Number _____

OFFICE USE ONLY

Administrative Signature _____ Date _____

☐ Approve ☐ Disapprove Reason(s): _____