

# ACTIVITY FEE WAIVER REQUEST FORM

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. Phone Number (MUST PROVIDE): \_\_\_\_\_
4. List the name(s) of your child(ren) who are participating in an activity or athletic team that is subject to the activity fee. Also, please list the activity or team:

Child's Name	Activity/Team

5. Does your child(ren) receive free or reduced lunches? NO \_\_\_\_\_ YES \_\_\_\_\_
6. If a lump sum fee of \$50 or \$80 is cost-prohibitive, could you afford an installment plan of two \$25 payments or four \$20 payments? NO \_\_\_\_\_ YES \_\_\_\_\_
7. If the fee is cost-prohibitive, how much could you contribute to offset the cost of the district's extracurricular programs? \_\_\_\_\_
8. Are there any other circumstances of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_

Please return this form to:  
Dover Area High School  
Attn: Athletic Department  
46 West Canal Street  
Dover, PA 17315  
E-mail: [kharris@doversd.org](mailto:kharris@doversd.org)