

**West Central Area High School District #2342  
Activities Department**

**Waiver of Participation Fee for those that qualify**

Parent/Guardian: To apply for a waiver of the participation fee, please complete and return to the Activities Office.

1. Student for whom application is being made:

Name \_\_\_\_\_

Grade \_\_\_\_\_

Sport/Activity \_\_\_\_\_

2. Name of the Parent/Guardian \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

3. Our family will be receiving:

Free Lunches \_\_\_\_\_

Reduced lunches \_\_\_\_\_

I hereby certify that all of the information furnished above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**Action:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied for following reason:**

\_\_\_\_\_  
**Signature of Activities Director**

\_\_\_\_\_  
**Date**

