Application for Activity Fee Reduction

Print Form

Office of Teaching and Learning
Mat-Su Borough School District 501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9212 || F: (907) 746-9292

Student Name: _____ **Grade:** _____

Sport/Activity: _____

I have a need to have my student's activity fee waived for the following reasons:

☐ **Yes** ☐ **No** My child qualified for the free lunch program. Attached is a copy of the verification from Nutrition Services.

☐ **Yes** ☐ **No** I give Nutrition Services permission to verify to my child's school that my child qualifies for the free lunch program.

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____