## **ACTIVITY FEE WAIVER REQUEST**

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.	Home Telephone Number:					
4. List the name of your student(s) who are participating in an activity or athletic tea						
	subject to the activity fee. Please list the activity or team:					
	a. Student's name:					
	b. Student's name:					
	c. Student's name:					
5.	If a lump sum fee of \$50 or \$100 is cost-prohibitive, could you afford an installment plan of two					
	\$25 payments or four \$25 payments? NO YES					
6.	If the fee is cost-prohibitive, how much could you contribute to offset the cost of the district's					
	extracurricular programs?					
7.	Does your student(s) receive free or reduced lunches? NO YES					
8.	Are there any other circumstances you wish us to be aware of?					

Please return this form to:

Northeastern High School 300 High Street, Manchester, PA 17345

c/o Bryan Stephens, Athletic Director

email: <a href="mailto:stephensb@nebobcats.org">stephensb@nebobcats.org</a> Fax: 268-8719