

Belle Plaine High School Athletic Fee Waiver Form

Student's Name: _____ Grade: 7 8 9 10 11 12

Season: Fall Winter Spring Sport: _____ Level: 7,8, 9 B, Var

My child qualifies for free/reduced meals through the Food Service

Program: Yes No

Our family is requesting a fee waiver/payment plan due to financial
hardship: Yes No

We are requesting fees be waived for the following: Students name and
sports participating in:

Name: _____ Grade: _____

Sport Played: _____

Name: _____ Grade: _____

Sport Played: _____

Name: _____ Grade: _____

Sport Played: _____

Parent/ Guardian Signature: _____

Date: _____

Please return this form directly to the Athletic Office in a sealed
envelope. All forms will be kept confidential.