

AMITY SCHOOL DISTRICT

SPORTS FEE WAIVER/PAYMENT PLAN FORM

Please Note: Requests must be submitted on the sport by sport basis and not for an entire school year.

Athlete's name: _____

Grade: _____

Parent's name: _____

Parent contact info: _____

(phone or email)

Payment Plan: Payment 1 (amount/date) _____

Payment 2 (amount/date) _____

Payment 3 (amount/date) _____

Fee Wavier

Requesting fee waiver/payment plan for : _____ School year: _____

Reason for requesting fee waiver: (Which Sport?)

Parent signature: _____

Date: _____

Approved

Not Approved

School official: _____

Date: _____