

Mount Si High School

**Application for a Reduction/Waiver of the
2019-2020 Athletic/ASB Club Fee**

Parents may apply to have the \$200.00 athletic participation fee and/or \$25 ASB club fee either reduced or waived based on family income and household size.

The same income qualification to determine free and reduced meal status is used in determining a fee reduction status. To see this year's income qualifications, please visit the school district website at www.svsd410.org. Click on Departments, Food Services, Free & Reduced Applications and Information, and then Income Guidelines.

Name of Student _____ Grade _____ Sport _____

Mailing Address _____

City _____, WA Zip Code _____

As the parent/legal guardian of the student listed above, I am applying for a fee reduction/waiver for my child and authorize my personal financial information (as listed below) to be used to evaluate whether my child qualifies. Further, we understand that providing false information would be cause for our student to be withdrawn from participation in the athletic/club program at Mount Si High School. Choose one below:

_____ 2019-2020 athletic participation fee (\$200) OR _____ 2019-2020 ASB club fee (\$25)

- 1.) There are _____ individuals currently living in our household.
- 2.) Currently, our total household income is \$_____ per month.

<u>MONTHLY INCOME CONVERSION</u> Weekly Income X 4.33 Biweekly Income (every 2 weeks) X 2.15 Semimonthly Income (twice a month) X 2

Name of Parent/Guardian (Printed) _____

Signature of Parent/Guardian _____

Date _____

This form should be returned directly to the **Finance Department at the Main Campus**. All applications will be kept confidential.

Below This Line For Finance Department Only:

- Application is approved for **FREE PARTICIPATION FEE**.
- Application is approved for **REDUCED PARTICIPATION FEE**.
- Application for participation fee reduction is **DENIED**.