



*Wauwatosa School District*  
**Athletic Fee Waiver Request**  
 2019-2020



**Important information:** *Requests with a valid, detailed explanation will be waived and no return approval reply will be sent to you. Only denials will be contacted regarding the status of the waiver.*

Please **print** parent/guardian name, address, city, zip below.

\_\_\_\_\_ Apt \_\_\_\_\_  
 \_\_\_\_\_ WI \_\_\_\_\_

As a parent or guardian of the student(s) listed below, I find it necessary to request a waiver of school fees. I am requesting a fee waiver for the following reason(s):

**Please be specific.** *Use reverse side if necessary.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student First Name ( <i>please print</i> )	Student Last Name	Grade	School Attending

I understand that all fee waivers must be approved by the Director of Business Services. This request must be made on an annual basis and is not retroactive. I also understand that this request for a waiver is not automatic and that further information or documentation may be requested by the Director of Business Services.

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature of parent or legal guardian

Daytime Telephone # \_\_\_\_\_

*For Business Office Use:*

- Returned for additional information  
 Request Denied