

# Everett Public Schools

## REQUEST FOR ATHLETIC FEE PAYMENT PLAN/REDUCTION/WAIVER

In order to maintain current athletic programs, the Everett Public Schools charges a \$100 fee per sport to offset the costs of transportation and coaching stipends. Some families have financial hardships that do not allow them to pay the full fee up front or at all. Everett Public Schools is willing to work with families to ensure all students have the opportunity to participate if they wish.

To request a payment plan, reduction or waiver of the athletic fee, complete this form and return it to your school's Athletic Director. To be eligible to compete, students must either pay the fee or have a plan to take care of the fee on file with the office prior to the first contest of the season.

Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Sport: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date of last regular season contest: \_\_\_\_\_ Do you qualify for Free or Reduced Lunch? Yes No

Do you participate in other sports? Yes No If yes, which sports \_\_\_\_\_

Do you have any other children participating in sports at a middle school or high school in Everett Public Schools? Yes No (If yes, please list the student, school, and sport(s) below)

Student: \_\_\_\_\_ School: \_\_\_\_\_ Sport \_\_\_\_\_

### Request:

**Payment plan:** Complete the plan below. The final payment must be made before the last regular season contest, listed above. If a payment is missed, participation in the sport will be suspended until the payment is made.

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**Partial Fee Reduction:** Please include an explanation why on back. **Amount:** \_\_\_\_\_

**Full Waiver:** Please include an explanation why on back.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by the Treasurer

Does the student have any outstanding fines? Y N (If yes, please list amount \_\_\_\_\_)

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### To be completed by the Athletic Director

Approval: Yes No Signature: \_\_\_\_\_