

\*Free/Reduced Lunch Program:

## McMURRAY MIDDLE SCHOOL

- Greg Allison, Principal

## **ACTIVITY FEES PAYMENT PLAN / WAIVER REQUEST**

Fees for sports, ASB, and field trips are required to offset school expenses for supplies, transportation, coaches, and other related costs. Payment of the fee is required in order to participate.

This form is for students who are <u>not</u> on the free and reduced lunch program\* but <u>are</u> in financial need. This form must be submitted to the McMurray office and approved by McMurray administration.

Students on the free and reduced lunch program must complete the Consent to Share Information form in order for fees to be waived. If the Consent to Share Information form is not completed, fees cannot be waived. Student Name: \_\_\_\_\_ Student Grade: Class(es) or Activity/Activities for which a fee waiver is being requested: Please check one: Requesting a partial scholarship of \$\_\_\_\_\_ Requesting a full scholarship of \$\_\_\_\_\_ Requesting a Payment Plan\* (please indicate payment amount and date payments will be made) \*Payment plan total amount is due before the end of the sport season for which the waiver is requested. 1st Payment (date) \_\_\_\_\_ Amount \$\_\_\_\_\_ 3rd Payment (date) \_\_\_\_\_ Amount \$ 2nd Payment (date) \_\_\_\_\_ Amount \$\_\_\_\_\_ 4th Payment (date) \_\_\_\_\_ Amount \$\_\_\_\_ By approving this form, Vashon School District acknowledges the financial need of the applicant. Parent Signature: Administrative Approval: \_\_\_\_\_ Date:

Please return this form to the McMurray office, 9329 SW Cemetery Rd, Vashon, WA. It can also be returned via email to tvickers@vashonsd.org or by fax to 206-463-9707.