

Stoneham High School
Stoneham, MA
Athletic Fee Waiver Request
Fall Season

Student Name: _____ DOB _____

Grade (circle one): 9 10 11 12

Sport (circle one):

Cheering Field Hockey Football Golf
Boys Soccer Girls Soccer Swimming Volleyball
Boys X-Country Girls X-Country

Waiver eligibility for the fall season is based on current eligibility for lunch

Do you receive free or reduced lunch for this school year?

Please circle one: Yes – free Yes – reduced No

You must fill out a lunch eligibility form for this waiver to be considered.

Other Information: Please include any information on the reverse that will enhance your lunch application. Students are not required to take lunch to receive an athletic waiver. Students must, however, fill out the form in order to be considered for a waiver.

Parent/Guardian Signature: _____ Date: _____

Approved for **full** or **reduced** waiver.

Business office _____ Date _____

Uniforms will not be issued until fees or approved waivers are received.

**PAGES CHECKED OFF NEEDS TO BE COMPLETED IN ORDER TO
HAVE SPORTS WAIVER APPROVED**