

EAST GRANBY PUBLIC SCHOOLS
East Granby, Connecticut

Participation Fees for School Activities
Request for Waiver

Middle school students, high school students, parents or guardians wishing to apply for waiver of the Student Activities Fee shall submit this form to the School Principal.

(PLEASE PRINT OR TYPE)

Student's Name: _____ Grade Level: _____

Address: _____ Telephone: _____

Parent/Guardian Name: _____

I/We hereby request that my/our child, named above, be excused from the requirement for payment of the Student Activities Fee. I/We understand that determination of eligibility for waiver of the Student Activities Fee rests with the Principal and that I/we may be required to produce evidence of family income level as determined by the Principal to support this request. I/We understand that if I/we should disagree with the decision of the Principal that an appeal may be made to the Superintendent within ten (10) school days of the date of the decision made by the Principal and that the decision of the Superintendent shall be final.

Signature of Parent(s)/Guardian(s)

(Students having reached the age of majority may sign on their own behalf.)

Date of Review:

Approval Granted () Approval Denied ()

Date of Notice to Applicant:

Signature of Principal: