

CAMAS HIGH SCHOOL
CAMAS SCHOOL DISTRICT ATHLETIC DEPARTMENT
STUDENT-IN-NEED
REQUEST FOR FULL AND/OR PARTIAL WAIVER FOR ATHLETIC FEES
2015-16

Student Name
Parent(s) Name

Grade
Amount \$

The parent/guardian of this student is requesting a full and/or partial waiver for athletic fees.

Parent, please submit the reason for request:

\$ _____	Waiver of ASB Card
\$ _____	Waiver of athletic user fee for _____ (sport)
\$ _____	Total Funds Requested

Parent Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____