LITCHFIELD PUBLIC SCHOOLS
CONFIDENTIAL WAIVER FORM
EXTRACURRICULAR ACTIVITIES PARTICIPATION FEE

DATE: _____

SCHOOL: ☐ Center School ☐ Intermediate School ☐ Middle School ☐ High School

STUDENT NAME(S) (print)	GRADE(S)	ACTIVITY	FEE(S)
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

PARENT/GUARDIAN NAME (print): _____

_____

Waiver Request: Please describe below the nature of your fee waiver request.

☐ *Student(s) receives free or reduced price lunch, the fee is automatically waived.*

☐ OTHER – Please describe.

_____

_____

For Office Use Only

Reviewed by: _____ Date: _____
Building Principal or Designee

☐ Approved or ☐ Denied

Parent or guardians please submit completed form to the appropriate school building Principal(s) for review and approval process.

Litchfield Public Schools
Form Adopted: 9/28/2004
Form Revised: 4/10/2018