

# Northfield

Public Schools 1.S.D. 659 MINNESOTA  
NHS Activities Office

## Waiver Request Form

Parent of Guardian: To apply for waiver on the athletic/activity fee, please complete and return to NHS Activities Office for high school student or NMS Activities Office for MS student.

### 1. STUDENT(S) FOR WHOM APPLICATION IS BEING MADE:

Name	Gr	School Attending	Sport/Activity

2. NAME OF PARENT/GUARDIAN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### 3. TOTAL NUMBER IN FAMILY (HOUSEHOLD):

Do not include those members who no longer are family dependents \_\_\_\_\_.

4. TOTAL FAMILY INCOME BEFORE DEDUCTIONS: Include wages of all working members, welfare payments, pensions, social security, and all other income of the total number in the family noted above. Enter only one total amount below:

Yearly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

### FOR SPECIAL HARDSHIP CONDITIONS, COMPLETE THE FOLLOWING:

#### 5. Cost of special hardship:

Per Year \$ \_\_\_\_\_

Per Month \$ \_\_\_\_\_

#### 6. Special hardship condition: Describe the nature of the hardship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 6. Payment options:

\_\_\_\_\_ I can pay the entire fee, but would like to do this in two payments. (one payment at beginning of season and one payment at season midpoint)

\_\_\_\_\_ I can pay 40% of the fee. Payment to be made at the beginning of the season.

\_\_\_\_\_ I can pay 20% of the fee. Payment to be made at the beginning of the season. \_

\_\_\_\_\_ I am able to pay the following amount \$ \_\_\_\_\_. Payment to be made at the beginning of the season.

I HEREBY CERTIFY that all of the information furnished above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

The above information you provide is confidential and will be used only for the purpose of determining eligibility for fee waivers.

(For school use only)

ACTION \_\_\_\_\_ APPROVED \_\_\_\_\_ Denied for following reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Activity Director

\_\_\_\_\_  
Date