



WILSON SCHOOL DISTRICT



Drew Kaufmann
Athletic Director
kauand@wilsonsd.org

Erin Goodhart Kurtz
Director of Aquatics
gooeri@wilsonsd.org

Jennifer Shutter
Assistant to A.D.
shujen@wilsonsd.org

ACTIVITY FEE REDUCTION REQUEST

Please answer **all** questions on this form.

Your responses will be used to determine your eligibility to receive an Activity Fee reduction.

1. Student(s) Name: _____
2. Parent Name: _____
3. Home Address: _____
4. Phone Number: _____
5. E-Mail Address: _____
6. List the sport, grade, & school building of the child/children for whom you are requesting a reduction to the Activity Fee:
 - a. _____
 - b. _____
 - c. _____
7. Do your children receive free or reduced school meals? **NO** **YES**
(I give WSD permission to verify this information)
8. Please explain why you are requesting a reduction to the Activity Fee:

9. Are any of your children involved with non-school, youth programs **NO** **YES**
(Example: Scouts, Van Reed, Liberty, FC Revolution, Dance Groups, etc.)?

Please describe: _____
10. Can you afford a payment plan of four \$25 payments? **NO** **YES**
11. If the \$100 Activity Fee is cost-prohibitive, how much can you contribute towards the Activity Fee to offset the cost of the district's extracurricular programs? _____
12. Signature: _____ Date: _____

Please return this form to: Wilson **Athletic Department**, 2601 Grandview Boulevard, West Lawn PA 19609

Office Use Only

Date Reviewed:	Decision:	Date Emailed:	Skyward:
Payment #1 due:	Payment #2 due:	Payment #3 due:	Payment #4 due:
Amount due:	Amount due:	Amount due:	Amount due: