



# WILSON SCHOOL DISTRICT

## Department of Athletics



Drew Kaufmann  
Athletic Director – ext. 1142  
[kauand@wilsonsd.org](mailto:kauand@wilsonsd.org)

Erin Goodhart Kurtz  
Director of Aquatics  
[gooeri@wilsonsd.org](mailto:gooeri@wilsonsd.org)

Jennifer Griesemer  
Asst to AD – ext. 1141  
[grijen@wilsonsd.org](mailto:grijen@wilsonsd.org)

### 2019-2020 ACTIVITY FEE REDUCTION REQUEST

*Please answer **all** questions on this form. Contact info must be legible.*

*Your responses will be used to determine your eligibility to receive a fee reduction or payment plan.*

1. Student(s) Name: \_\_\_\_\_
  2. Parent Name: \_\_\_\_\_
  3. Home Address: \_\_\_\_\_
  4. Phone Number: \_\_\_\_\_
  5. E-Mail Address: \_\_\_\_\_
  6. List the name, sport, grade, & school building of the child/children for whom you are requesting a reduced 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**  
*(e.g. Scouts, Van Reed, Liberty, Dance Groups, Rage, FC Revolution, etc.)?*  
Please describe: \_\_\_\_\_
  10. Can you afford a payment plan of four \$25 payments? **NO**      **YES**
  11. If the \$100 fee is cost-prohibitive, how much could you contribute towards the Activity Fee to offset the cost of the district's extracurricular programs? \_\_\_\_\_
- 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: