



WILSON SCHOOL DISTRICT

Department of Athletics



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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.	STUDENT NAME	ACTIVITY	GRADE	BUIDLING
b.	STUDENT NAME	ACTIVITY	GRADE	BUIDLING
c.	STUDENT NAME	ACTIVITY	GRADE	BUIDLING
 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: