WEST SHORE SCHOOL DISTRICT

Request for Activity Fee Waiver • 2024-2025

PARENT/GUARDIAN: Please provide the information requested below for the student(s) and activities you are requesting a waiver of activity fee(s). Return signed form to the school office.

Student's Formal Name	Scho Cod		Activities			
School Codes - CC: Cedar Clif	f RL :	Red Land A	L: Allen CI	VI : Crossroad	s NC : New	Cumberland
Eligible Activities/Sports						
Fall (Grades 7-1)	2)	Winter (Grad	des 7-12)	Spring (Gr	ades 7-12)	1
Cheerleading Cross Country Jr. High Cross Country Field Hockey Jr. High Field Hockey Football Freshman Football Golf Marching Band/Guard Boys Soccer Girls Soccer Girls Tennis Girls Volleyball equest for consideration based up		Boys Basketball Girls Basketball Freshman Boys Basketball Freshman Girls Basketball Jr. High Boys Basketball Jr. High Girls Basketball Indoor Guard Swimming/Diving Wrestling Freshman Wrestling		Baseball Softball Boys Lacrosse Girls Lacrosse Jr. High Boys Soccer Jr. High Girls Soccer Boys Tennis Boys Track Girls Track Jr. High Boys Track Jr. High Girls Track Boys Volleyball Jr. High Girls Volleyball		
Residential Placement at (Fa	acility N	Name):				
Financial Hardship - Please I certify that the above informa				vIII help us wi	th a decision	l.
Parent/Guardian's Signature					Date	
				Daytime Phone Number		
OFFICE USE ONLY Administrative Signature					Date	

Reason(s):

☐ Approve

☐ Disapprove