



**NEWBERG SCHOOL DISTRICT
PAY-TO-PARTICIPATE WAIVER**

Date: _____

I hereby make application for a pay-to-participate fee waiver of required fee for:

Student's name: _____

Grade: _____

Athletic fee (\$160.00)

Sport (circle one):

Fall
Cross Country
Football
Soccer
Volleyball
Water Polo

Winter
Basketball
Swimming
Wrestling

Spring
Baseball
Golf
Softball
Tennis
Track

_____ I have filed for Free or Reduced lunch with the Newberg School District and have given written permission for that information to be shared with NHS Athletic Office.

___ Yes! I Do want school officials to share information from my Free and Reduced Price School Meals Application with:

- ___ All School Related Program
- ___ School Athletic Programs

Signature of Parent/Guardian: _____

OR

Household Size (# of people living in home): _____

Household gross annual income: \$ _____

Please describe the reason for requesting this waiver: _____

Please provide documentation to support this need (Attach W-2 statement or tax statement).

Signature of Parent/Guardian

Payment Plan For Athletic Fees

_____ I would like to make arrangements to make monthly payments for athletic fees. I realize that all sports fees must be paid prior to starting another season.

Action Taken:

Full Waiver: _____ 2/3 Waiver _____ 1/3 Waiver _____ Deny Waiver _____

Official Signature _____