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Application for Waiver of Athletic Participation Fee

On June 22, 2010, the Board of Education approved fees for middle and high school athletic teams. Starting with the 2010-2011 school year, middle school students will be charged a fee of \$50 and high school students will be charged a fee of \$100 for each interscholastic sports season in which they participate on one or more teams. Payment of this fee is required by a deadline which will be established for each sports season.

Students who have been approved for free or reduced-price meals through the Charlotte-Mecklenburg Schools Child Nutrition Services are eligible to receive a waiver of these fees. **No other students are eligible for this fee waiver.** Each applicant's status must be verified by Child Nutrition Services to the school principal. A child's eligibility for free or reduced-price meals may be disclosed by Child Nutrition Services only with parent consent. This information will not be shared by the principal with any other entity or program. You are not required to return this consent statement. Failure to complete the consent statement will not affect eligibility or participation in School Meal Programs.

For 2010 fall sports, students will be eligible for a fee waiver if they:

- 1) Were approved for free or reduced-price meals in the 2009-2010 school year, **or**
- 2) Have been approved for free or reduced-price meals for the 2010-2011 school year.

For winter and spring sports during the 2010-2011 school year, students will be eligible for a fee waiver only if they have been approved for free or reduced-price meals for the 2010-2011 school year.

[Parents can begin applying for free or reduced-priced meals in early August 2010.]

If you wish to apply for a fee waiver, please fill out the information below and return this form to your child's principal.

Partially completed forms will not be accepted.

A separate form must be filled out for each student-athlete for whom a waiver is requested.

PLEASE PRINT

Name of student _____

Student ID number _____ School _____

Parent/guardian name _____

Address _____

I hereby apply for a waiver of the CMS athletic participation fee and give consent for CMS Child Nutrition Services to disclose to the principal of the above-named school whether or not my child has been approved for free or reduced-price meals.

Parent/guardian signature _____

Date _____