

MINNETONKA HIGH SCHOOL ACTIVITY OFFICE
REQUEST FOR FEE WAIVER

Student Name _____

Parent/Guardian Name _____

Address _____

Parent/Guardian Phone: (home) _____ (other): _____

I wish to have the activity fee(s) of \$ _____ assigned for participation in

_____ waived because of the following circumstances:

(Activity)

_____ I am currently qualified and receiving free or reduced lunch according to Minnetonka Nutrition Services criteria.

_____ I have not applied for free or reduced lunch according to Minnetonka Nutrition Services policy but qualify under the criteria.

_____ Special circumstances exist which should qualify me for a waiver of fees as described below (Please use the back of this form if needed)

_____ DATE: _____
(PARENT/GUARDIAN SIGNATURE)

_____ DATE: _____
(STUDENT SIGNATURE)

_____ DATE: _____
(PRINCIPAL OR ACTIVITY DIRECTOR SIGNATURE)

