

**Canton Public Schools
Canton, Connecticut**

**Participation Fees for School Activities
Request for Waiver/Reduction**

High school students, parents or guardians applying for a waiver of the Student Athletic Participation Fee shall submit this form to the High School Principal.

(PLEASE PRINT OR TYPE)

Student's Name: _____ Grade Level: _____

Address: _____ Telephone: _____

Parent/Guardian Name: _____

I hereby request that my child, named above, be excused from the requirement for payment of the Student Activities Participation Fee. I understand that determination of eligibility for waiver/reduction of the Student Activities Participation Fee rests with the High School Principal and that I may be required to discuss financial hardship as determined by the High School Principal to support this request. I understand that if I should disagree with the decision of the High School Principal that an appeal may be made to the Superintendent within ten (10) school days of the date of the decision made by the High School Principal and that the decision of the Superintendent shall be final. Upon receipt of this form, the High School Principal will contact you.

_____ Contact Number: _____
Signature of Parent/Guardian

(Students having reached the age of majority may sign on their own behalf.)

Date of Review: _____

Approval Granted – Wavier of Fee (_____) Approval Granted Partial Fee Required (\$_____) Approval Denied (_____)

Date of Notice to Applicant: _____

Signature of High School Principal: _____

If approved, date student activities card issued: _____

Please place in a confidential envelope addressed to: Gary Gula, Principal, Canton High School, 76 Simonds Avenue, Canton, CT 06019