

MADISON PUBLIC SCHOOLS

R. H. BROWN INTERMEDIATE SCHOOL ATHLETIC REGISTRATION FEES – CONFIDENTIAL WAIVER FORM INTRAMURAL SPORTS

If a student receives free or reduced price lunch, the fee is automatically waived

DATE: ____/____/____

GRADE: _____

STUDENT NAME: _____ HOMEROOM: _____

SEASON:

_____ Session I

_____ Session II

_____ Session III

SPORT: _____

PARENT / GUARDIAN NAME: (please print) _____

PARENT / GUARDIAN SIGNATURE _____

WAIVER REQUEST: Please describe below the nature of your athletic fee waiver request.
Please provide specific reason(s) for your request to waive the fee. You may include a separate letter or other appropriate documentation, if appropriate.

FOR OFFICE USE ONLY

REVIEWED BY: _____

Date: ____/____/____

WAIVER REQUEST: _____ Approved _____ Denied