## Athletic Fee Waiver Request



The Guilford County Board of Education believes that participation in athletics offers many positive benefits for students and does not want to place any undue burdens on parents/guardians who cannot afford to pay the \$45 athletic fee for their children.

Student Information	
Name:	Student ID Number:
School: GRIMSLEY	Sport(s):
Parent/Guardian Information	
Name:	Phone:
Mailing Address:	
Email:	
Supporting Information	
Parents/guardians who cannot afford have extenuating circumstances, car	oard of Education is \$45 per year for each athlete.  I the fee may request a waiver. Parents/guardians who nnot afford the fee, and would like to request a waiver, and provide a brief explanation in the box provided.
<ul><li>☐ Three or more student</li><li>☐ Recent loss of home to a part of student's part</li></ul>	
As parent or legal guardian of the stufee. I affirm the information provided	ident named above, I am requesting a waiver of the athletic on this application is accurate.
Parent/Guardian Signature:	Date:
Athletics and Drivers Education	ith supporting documentation to the GCS Director of on, 120 Franklin Blvd, Greensboro, NC 27401 OR Email: <a href="mailto:hebbarl@gcsnc.com">hebbarl@gcsnc.com</a>
The director will review the re	quest and make the final determination regarding the

student's eligibility for a waiver.