



Fowlerville High School Athletics

Athletic Registration Scholarship Application

STUDENT NAME _____ BIRTHDATE _____ GRADE _____

PARENT NAME _____

ADDRESS _____ City: _____

PHONE _____ Email _____

1. Is your child currently receiving FREE LUNCH or REDUCED LUNCH?

___ Yes Please complete the reverse side of this form

___ No Is the Registration fee too much for you to afford as a lump sum?

___ 2 payments

___ 4 payments

Dates due

Family hardship

2. Are you willing to volunteer some of your time to the Athletic Boosters, working at games, concessions etcetera?

_____ Season or sport available

PARENT SIGNATURE _____ DATE _____

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