



Dedham High School Athletic Department

Steve Traister, Director of Athletics
140 Whiting Avenue
Dedham, MA 02026
781-310-1100



Bob Crisp
Equipment Manager

Megan McColgan
Athletic Trainer

Application for User Fee Waiver

Name: _____

Season: _____ Year: _____

Sport: _____ Level: (Circle One) Varsity JV FR

I am seeking to waive the Athletic User Fee of \$75.00 for the above season and sport.

Student Signature: _____

Parent Signature: _____

Date: _____

Administrative Approval

Director of Athletics: _____

Date: _____

**** This form is confidential and will only be shared between the family applying for the waiver and the Director of Athletics.**

Rigor • Relevance • Responsibility • Relationships • Respect • Resiliency

The Dedham School System does not discriminate on a basis of age, race, color, sexual orientation, gender identity, religion, national origin or handicap in its educational activities or employment practices.

"Academic Achievement, Mutual Respect, Accountability, Responsibility"

www.dedham.k12.ma.us

**DEDHAM PUBLIC SCHOOLS
FOOD SERVICE DEPARTMENT
SHARING INFORMATION WITH OTHER PROGRAMS**

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share information. Sending in this form will not change whether your children get free or reduced price meals.

No! I **DO NOT** want information from my Free and Reduced Price School Meal Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meal Application with *School Principals* who may share with following programs if there is a benefit to me:
o Horizon Program o Kaplan Program o Summer Strength and Conditioning Programs
o 1:1 Technology Program

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meal Application with the *Guidance Department* who may share information with the following programs if there is a benefit to me.
o SAT fee waivers o ACT fee waivers o College application fee waivers
o SAT prep class waivers o Scholarship applications o Colleges/Universities

Yes, I **DO** want school officials to share information from my Free & Reduced Meal Application with the *Director of Athletics* for the possible waiver of sport user fees in the Fall, Winter and Spring.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below.

Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call Jeanne Johnson at 781.310.1901 or email Laura O'Leary at loleary@dedham.k12.ma.us

Please complete and return this form to:
Dedham Public Schools -Food Service Department
140 Whiting Avenue, Dedham, MA 02026 - **Or your child's school office**

USDA is an equal opportunity employer.