

APPLICATION FOR ATHLETIC FEE PAYMENT ASSISTANCE

School Year _____

Read this form carefully and fill it out completely. Signature of parent or legal guardian is required to verify that the information provided is accurate.

****Please attach a copy of your confirmation letter for free and reduced lunch application.**

Type of assistance requested. Circle one: Payment Plan Waived

Athlete(s) Name	Grade	Sport(s)	Fee Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please provide a brief explanation for your request for assistance identified above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

Phone Number(s): _____

Please return this form to the RAHS main office.

This information will be kept confidential and will be used by Administration solely for its intended purpose.