Charlotte-Mecklenburg Schools

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Application for Waiver of Athletic Participation Fee

On June 22, 2010, the Board of Education approved fees for middle and high school athletic teams. Starting with the 2010-2011 school year, middle school students will be charged a fee of $50 and high school students will be charged a fee of $100 for each interscholastic sports season in which they participate on one or more teams. Payment of this fee is required by a deadline which will be established for each sports season.

Students who have been approved for free or reduced-price meals through Charlotte-Mecklenburg Schools Child Nutrition Services are eligible to receive a waiver of athletic participation fees. **No other students are eligible for this fee waiver.** Each applicant's waiver form must be accompanied by a current copy of the free or reduced-price lunch confirmation letter from CMS Child Nutrition and turned into the school athletic director or team coach. By attaching the letter from Child Nutrition you are disclosing, to the school athletic director and/or team coach, your child's eligibility for free or reduced-price meals. This information will not be shared with any other entity or program. Failure to complete the consent statement will not affect eligibility or participation in School Meals Programs.

For fall sports eligibility, students will be eligible for a fee waiver if they:

1) Were approved for free or reduced-price meals in the previous school year, ***or***
2) Have been approved for free or reduced-price meals in the current school year.

Winter and spring sport student-athletes are eligible for a participation fee waiver only if they have been approved for free or reduced-price meals for the current school year.

Complete the information below. Partially completed forms will not be accepted.
A separate form must be filled out for each student-athlete for whom a waiver is requested.
A copy of the free or reduced-price lunch confirmation letter from CMS Child Nutrition must accompany this form.
Turn waiver form and free or reduced-price confirmation letter into the school athletic director or team coach.

PLEASE PRINT

Name of student _____

Student ID number _____ School _____

Parent/guardian name _____

Address _____

I hereby apply for a waiver of the CMS athletic participation fee and affirm the information provided is accurate.

_____ _____
Parent/guardian signature Date

**Contact CMS Child Nutrition Office at 980-343-6041 if you need a duplicate copy of your child's free or reduced-price lunch confirmation letter. Allot ample time to receive the duplicate letter by US mail.*