**EAGLE RIDGE ACADEMY REQUEST FOR FEE REDUCTION FORM**

(form must be submitted prior to season starting)

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE:   \_\_\_\_\_\_\_

PARENT NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL YEAR\_\_\_\_\_\_

ADDRESS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT(S) PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to have the activity fee of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ assigned for participation in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

reduced because of the following:

\_\_\_\_ I am currently qualified and receiving free lunch according to ERA Public Food Service criteria.  (FEE IS WAIVED)

\_\_\_\_ I am currently qualified and receiving reduced lunch according to ERA Public Food Service criteria.  (PAY ½ OF THE FEE)

\_\_\_\_ I have not applied for free or reduced lunch, but according to ERA Public Food Service policy will qualify under criteria for (check one):

 \_\_\_\_  FREE \_\_\_\_ REDUCED

\_\_\_\_ Special circumstances exist which should qualify me for a reduction of fees.  (**Please write a brief paragraph of explanation)  I am unable to pay the full program amount, but will pay $\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Your child’s eligibility information for free or reduced price meals is private data.  However, federal law allows a school to share your child’s eligibility with federal and state education, health, and nutrition programs for which your child may qualify.

For the following programs, Eagle Ridge Academy Food Service needs your permission to share eligibility information for possible fee benefits:  Athletics, Transportation, and Activities.  Signing and sending in this form will not change whether your child will receive free or reduced price meals.

**Eagle Ridge Academy Food Service has my permission to share with the Activities Director and/or Operations Director my student’s meal eligibility information. By accepting activity fee aid, I agree to volunteer time and support the ERA Booster Club’s efforts to support our programs.**

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_

COUNSELOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   DATE: \_\_\_\_\_\_\_\_\_\_\_\_

(needed only if NOT on free or reduced lunch)

ADMINISTRATIVE APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_