



## WAIVER APPLICATION FOR ACTIVITY FEE

**Parents of Free and Reduced Lunch students do not need to complete this application.** The activity fee is automatically waived for all **Free and Reduced Lunch students**.

All approved requests are valid for one year only. Applications must be submitted annually. The identity of students receiving activity fee waivers shall be kept confidential.

Please provide the following information:

_____	_____	_____
Student Name	Grade	School
_____	_____	_____
Student Name	Grade	School
_____	_____	_____
Student Name	Grade	School
_____	_____	_____
Home Address	Phone (1)	Phone (2)

I certify that our family is currently experiencing hardship. I will notify the Assistant Superintendent if our circumstances change.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please submit this form to [activityfee@wcasd.net](mailto:activityfee@wcasd.net) or mail to:

Dr. Kalia Reynolds  
Assistant Superintendent  
782 Springdale Drive  
Exton, PA 19341