



**North Attleborough High School**  
**Athletic Department**  
**1 Wilson W. Whitty Way**  
**North Attleboro, Massachusetts 02760**

**Kurt Kummer**  
**Athletic Director**

508-643-2129 (phone)

508-643-2173(fax)

**Request for Activity User Fee Waiver**

Date: \_\_\_\_\_

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 your information. Sending in this form will not change whether your children get free or reduced price meals.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with **High School Athletic and Activity programs.**

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Activity: \_\_\_\_\_

Reason for Waiver: \_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

**Respect · Collaboration · Hard Work · Accountability · Independence**

*The North Attleborough Public School System does not discriminate on the basis of race, color, religion or religious creed, ancestry, national or ethnic origin, age, gender, gender-identity, sexual orientation, military or veteran status, disability, genetic information, or any other characteristic protected under applicable federal, state or local law in admission to, access to, employment in, or treatment in its programs and activities.*

Please call the main office at the school if you would like this document translated into a language other than English.

Por favor, llame a la oficina principal de la escuela si usted quisiera este documento traducido en un idioma que no sea Inglés.

يرجى الاتصال المكتب الرئيسي في المدرسة إذا كنت ترغب هذه الوثيقة المترجمة إلى لغة أخرى غير الإنجليزية.

請致電主辦公室在學校，如果你想這份文件翻譯成英語以外的語言。