Athletic Fee Waiver Request



The Guilford County Board of Education believes that participation in athletics offers many positive benefits for students and does not want to place any undue burdens on parents/guardians who cannot afford to pay the \$45 athletic fee for their children.

Student Information	
Name:	Student ID Number:
School:	Sport(s):
Parent/Guardian Information	
Name:	Phone:
Mailing Address:	
Email:	<u> </u>
Supporting Information	
have extenuating circumstances, cannot affor	e may request a waiver. Parents/guardians who ord the fee, and would like to request a waiver, ovide a brief explanation in the box provided. medical expenses es ob nin the last calendar year.
As parent or legal guardian of the student na fee. I affirm the information provided on this Parent/Guardian Signature:	amed above, I am requesting a waiver of the athletic application is accurate. Date:
·	porting documentation to the GCS Director of Franklin Blvd, Greensboro, NC 27401 wil: jonesl7@gcsnc.com

For additional information about athletic fees, visit www.gcsnc.com, contact your school's athletic director, or contact the GCS Department of Athletics at 336-370-8950.

The director will review the request and make the final determination regarding the

student's eligibility for a waiver.