

Riverview School District Request for Fee Assistance

Date _____

Student _____

Parent/Guardian _____

School Year/Semester _____

Requirements to receive a waiver for Extra curriculum Fees for your Child(ren):

- Eligible for Free and reduced lunch
- Request financial assistance based on the documented statement of need as indicated below.

Statement of Need:

Mark the following programs you give us your permission, to share your eligibility information for possible fee benefits:

- All items below (please specify any requests in other category)
- District organized school dances
- ASB Card
- Athletic participation fee
- Extra-Curricular ASB activities
- CTSO Fees or Travel Expenses
- Other _____

I certify that the above information is truthful and accurate.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Primary Phone

Email address

Administrator Signature

Counselor signature