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