

West Linn/Wilsonville School District
Application for Activity/Athletic Waiver

Student Name: _____
(Last) (First)

School: _____ Grade: _____

Applying for waiver in: Sport: _____ Activity: _____

Has your family applied and been accepted for the Free/Reduced Lunch Program? _____

If your answer is no, please state reason for application for waiver, keeping in mind that the information you provide will be kept confidential:

Parent/Guardian Signature: _____

(for office use only)

Circle one: Approved Denied

Administrator signature: _____

Date: _____