



Lake Washington  
School District

# Lake Washington School District

Athletic Participation Fee Waiver Request Form

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

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

Sport: \_\_\_\_\_ Season: I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_  
(Fall) (Winter) (Spring)

Amount Requested to be waived: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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## Approval

Referred by: \_\_\_\_\_  
(Coach/Counselor/Administrator)

Athletic Director Signature: \_\_\_\_\_