

Student Athletic Fee Status Form



As part of the budget for 2017-18, the Guilford County Board of Education approved an annual athletic fee of \$45 for middle and high school athletes. The fee is charged once annually, regardless of the number of teams on which the student is a member.

Students who qualify for Free or Reduced Lunch (FRL), either through application or being directly certified, are eligible for an athletic fee waiver. Approved students will have received a letter from GCS School Nutrition verifying their eligibility for FRL. Students approved for free and reduced meals will need to submit the waiver form with Part II completed. **(Contact GCS School Nutrition (336-370-3266) to request a duplicate copy of the meal verification letter if needed.)**

Guilford County Schools no longer participates in the federal Community Eligibility Provision (CEP) program, which allowed all students at identified schools to receive free meals. However, eligibility for an athletic fee waiver for fall sports is based on status from the previous school year and students who attended a CEP school last school year may still be eligible for a fee waiver for fall sports. Students at CEP schools were not required to submit the application for FRL, so only students who were directly certified will have received a letter from GCS School Nutrition. Students not directly certified who attended CEP schools may be eligible for a fee waiver, but to be granted the waiver must submit a Student Athletic Fee Status Form with Part III completed.

Although many students will automatically qualify for an athletic fee waiver, we realize there are some families with unique circumstances and the athletic fee may be a financial burden. If you feel you are unable to pay the student athletic fee due to family financial hardship, you are encouraged to complete part IV of this form and submit an appeal for a waiver to the school principal.

Students not eligible for a waiver based on guidelines for Parts II-III the form or otherwise approved for a waiver must pay the \$45 fee prior to the first contest. Complete Part I of the fee waiver form. **DO NOT pay the fee before tryouts have been completed and the student is placed on the team roster by the coach.** The student athletic fee may be paid by credit card online using the link on your school's website or you may pay at the school office with cash, check, or money order. Student-athletes from middle colleges or other schools without a sports program who are permitted to return to their base school for sports, will pay the fee at the school where they play sports.

This form is required annually for ALL student - athletes.

- Complete the status form on page 2 of this document with information completed for the "part" appropriate for your circumstances.
- Return the completed form, prior to the first contest, to your school's athletic director.
- If you will have to pay the fee, *DO NOT* pay prior to the end of tryouts and the student being placed on the team roster by a coach. Payment must be made prior to the first contest.
- In order to continue participating beyond the first contest, students must have paid the fee or been approved for a waiver.

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.

Student Athletic Fee Status Form



Name of Student: _____

Student ID Number: _____

School: _____

Parent/Guardian Name: _____

Part I

- We do not qualify for a waiver and will pay the \$45 fee. *(Pay online with credit card or at the school office with cash, check or money order prior to the first contest.)*

Part II

- This student has been approved for free and reduced meals and we have received the letter from GCS School Nutrition. *(Attach a copy of the letter.)*

Contact GCS School Nutrition (336-370-3266) to request a duplicate copy of the meal verification letter if needed.

Part III

- This student attends a CEP school and meets the income criteria to be eligible for free or reduced meals.

Check the box below that best matches your household size and yearly (or monthly) income:

| Check | No in Household | Yearly Income Less Than | | Monthly Income Less Than |
|--------------------------|-----------------|-------------------------|-----------|--------------------------|
| <input type="checkbox"/> | 2 | \$30,044 | OR | \$2,504 |
| <input type="checkbox"/> | 3 | \$37,777 | | \$3,149 |
| <input type="checkbox"/> | 4 | \$45,510 | | \$3,793 |
| <input type="checkbox"/> | 5 | \$53,243 | | \$4,437 |
| <input type="checkbox"/> | 6 | \$60,976 | | \$5,082 |
| <input type="checkbox"/> | 7 | \$68,709 | | \$5,726 |
| <input type="checkbox"/> | 8 | \$76,442 | | \$6,371 |

Part IV

- We do not match any of the categories above, but would like to be considered for a waiver based on family financial circumstances. *(Complete and submit a waiver appeal to the school principal.)*

As parent or legal guardian of the student named above, I affirm the information provided on this form is accurate.

Parent/Guardian Signature: _____ Date: _____

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