



Douglas Public Schools

21 Davis Street, Douglas, MA 01516 (508) 476-7901 FAX (508) 476-4423 www.douglasps.net

**DOUGLAS PUBLIC SCHOOLS
ATHLETIC-STUDENT ACTIVITY CLUB/PROGRAM
USER FEE WAIVER REQUEST FORM
2023 – 2024 SCHOOL YEAR**

Sport: _____ Season: _____ Student Activity Club/Program: _____

Applicable User Fee: _____ Applicable User Fee: _____

Student Name: _____ School: _____

Address: _____ Town: _____ Zip: _____

Phone Number: _____

I, the undersigned, hereby request a waiver for the Athletic or Student Activity User or Program Fees, as applicable. I have completed the “Sharing Information With Other Programs” form for use in determining eligibility for a waiver of fees.

Signature of Parent/Guardian

Date

.....

Waiver Denied ☐ Waiver Approved: ☐ Waiver Amount: _____

Signature of Building Principal

Date Approved/Denied

Signature of the Building Principal denotes confirmation regarding eligibility by the Food Service Director for the user fee waiver pursuant to School Committee policy.

Excellence in Education

The Douglas Public Schools welcomes and is open to all students, and offers equal opportunities in all approved programs and courses of study without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, homelessness, or disability.



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Douglas Public Schools 2023 – 2024 School Year Sharing Information With Other Programs Form

Dear Parent/Guardian:

To save time and effort, the information you provided on your Free and Reduced Price School Meals Application may be shared with other Douglas Public School District programs for which your children may qualify. In order to use your information to identify other programs that may be eligible for waivers, we must have your permission to share your information. Sending this form will not change whether your children receive free or reduced meal prices.

- ☐ Yes - I DO want school officials to share information from my Free and Reduced Price School Meals Application with any program or activity that has a reduction in fees due to my eligibility.
- ☐ No – I DO NOT want school officials to share information from my Free and Reduced Price School Meals Application with any program.

If you checked yes, please complete the form below to ensure that your information is shared for the student listed below. Please complete a separate form for each student.

Student Name: _____ School: _____

- ☐ Athletics
- ☐ Music/Band/Chorus
- ☐ Pre School Tuition
- ☐ Student Club/Activities Fees

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date: _____

Address: _____

For more information, you may contact Alison Weir, Food Service Director, at 508-476-3332 ext. 2253 or email aweir@douglasps.net.

Return completed form to:
Douglas Public Schools
Food Service Director
21 Davis Street
Douglas, MA 01516

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