



Charlotte-Mecklenburg Schools Application for Waiver of Athletic Participation Fee

In June 2010, the Board of Education approved participation fees for middle and high school athletic teams. Middle school students pay a fee of \$75.00 and high school students pay a fee of \$125.00 for each interscholastic sports season in which they participate on one or more teams. Payment of this fee is required by a deadline which is established for each sports season.

In June 2014, the Board of Education approved CMS to participate in the federal Community Eligibility Provision (CEP). The CEP eliminates the need for a district to qualify students for free and reduced price meals and track which students are participating. Students are identified as directly certified (through data matching) for free meals because they live in households that participate in Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TNAF), or Food Distribution Program on Indian Reservations (FDPIR), as well as children who are qualified for free schools meals without submitting a school meal application because of their status as being in foster care, enrolled in Head Start, homeless, runaway, or migrant students.

Students identified as directly certified are eligible to have their participation fee waived. **No other students are eligible for this fee waiver.** Each applicant's directly certified status is current and must be verified by Child Nutrition Services. Each applicant's waiver form **must** be accompanied by a current copy of the CMS Child Nutrition meal eligibility letter or a benefits letter from DSS before the athletic participation fee can be waived.

*If you wish to apply for a fee waiver, please fill out the information below and return this form to your child's athletic director or athletic coach.
Partially completed forms will not be accepted.
A separate form must be filled out for each student-athlete for whom a waiver is requested.*

Name of student _____ [please print]
Student ID number _____ [please print]
School _____ [please print]
Parent/guardian name _____ [please print]
Address _____ [please print]
Number/Street _____ City, State, Zip _____

I hereby apply for a waiver of the CMS athletic participation fee and affirm the information provided on and with this application is accurate. I understand my Athletic Director is authorized to view the waiver information.

Parent/Guardian (Print Name)

Parent/guardian signature

Date