

Medford Area Public School District

Fee Waiver Form

Date: _____

Student(s) Name: _____

School Year: _____

Sport/ Club/ Class/ Organization: _____

By signing below, we authorize the Medford Area Public School District to waive our fees related to the above organization for our children.

Parent/Guardian Name (print)

Parent/Guardian Name (print)

Parent/Guardian Signature/ Date

Parent/Guardian Signature/ Date