

HILLSBORO SCHOOL DISTRICT 1J
ATHLETIC PARTICIPATION FEE
 LEVEL 1



Date: _____

Name: _____ School: _____

Student ID Number: _____ Grade: _____ Sex: _____

Received \$: _____ for participation in _____
 (\$150 per sport 9-12)

 Date

 Athletic Supervisor or Designee Signature

Maximum participation fees shall be \$300 per student or \$600 per family for the current school year. Students who qualify for the free or reduced price lunch program may be granted a fee waiver/reduction.

Other Family Members Participating in Sports			
Student Name	Sport	Fee Paid	School

 Date

 Parent Signature



I am requesting a waiver/reduction of this fee.

Comments: _____

 Date

 Parent Signature

HILLSBORO SCHOOL DISTRICT 1J
ATHLETIC PARTICIPATION FEE
 LEVEL 2



Date: _____

Name: _____ School: _____

Student ID Number: _____ Grade: _____ Sex: _____

Received \$: _____ for participation in _____

Date

Athletic Supervisor or Designee Signature

Maximum participation fees shall be determined by the specific sport.

Other Family Members Participating in Sports			
Student Name	Sport	Fee Paid	School

Date

Parent Signature

I am requesting a waiver/reduction of this fee.

Comments: _____

Date

Parent Signature