

**CLARE HIGH SCHOOL ATHLETICS  
FINANCIAL AID FORM  
2019-2020**

Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs. **We must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

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\_\_\_ **YES!** I DO want school officials to share information from my Free and Reduced Price School Meals Application with **Clare Public Schools Athletic Department**.

\_\_\_ **NO!** I DO NOT want information from my Free and Reduced Price School Meals Application shared.

**If you checked yes, please fill out the form below. Your information will be shared only with the Clare Public Schools Athletic Department.**

Child's Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**The above student is in the REDUCED LUNCH PROGRAM in the Clare Public School District. The following Pay to Participate fee structure applies:**

**High School Fee- \$50**

**The above student is in the FREE LUNCH PROGRAM in the Clare Public School District. The following Pay to Participate fee structure applies:**

**High School Fee- \$25**

**NAME OF THE STUDENT-ATHLETE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**\*Clare All-Sports Boosters subsidize the Financial Aid Program; the names and information provided will not be shared with the Clare All-Sports Boosters.**

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**FOR ATHLETIC USE ONLY- DO NOT WRITE BELOW THE ABOVE DOTTED LINE**

THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY THE BUILDING ATHLETIC ADMINISTRATOR

Amount Paid: \$ \_\_\_\_\_ Classification:  Reduced Program  Free Program

AD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_