

Edina High School Athletics & Activities Fee Waiver Request Form

Student Name: _____

Parent Name: _____

Home Phone: _____

Sport: _____

Waiver Amount: _____

Please circle one: Full Waiver or Partial Waiver

Reason for Request:

Parent/Guardian Signature: _____ Date: _____

For office use only:

Action Taken:

Activities Director Signature: _____ Date: _____

*If you have additional scholarship needs, reach out to Edina Give and Go. Edina Give and Go is a school district non-profit partner focused on providing financial support to ensure that all students can participate in activities. Learn more at edinagiveandgo.org or email info@edinagiveandgo.org.

