

**LOCKHART HIGH SCHOOL  
REQUEST FOR WAIVER OF SUMMER CAMP FEES**



Complete this form and return with camp registration.

**Each student may waive fees for up to two camps only.**

**Camps for which you are requesting fee waiver:**

\_\_\_\_\_

Camper's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Camp Student is attending: \_\_\_\_\_

Does the camper qualify for free or reduced lunch?      Yes       No

If no, please indicate the reason for the request of waiver of camp fees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_