

# Sheridan Swim Team Free and Reduced Dues Program Application

Season \_\_\_\_\_

Names and date of birth of children on the swim team:

---

---

---

---

The above children qualify for free and reduced lunch through the SCSD. Yes or No  
If yes, attach a copy of the qualification letter to this application.  
If no, please describe special circumstances below.

Special circumstances which affect your ability to pay regular dues:

---

---

---

---

---

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application directly to the Head Coach, SST president or SST treasurer.

---

For office use:

SST determination: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time period \_\_\_\_\_

Additional information: \_\_\_\_\_

SST President: \_\_\_\_\_ Date: \_\_\_\_\_