

School Fee Waiver Form

| SCHOOL: | UNIT | : AREA: | | | | |
|---|-----------------|------------------------------------|--|--|--|--|
| Parents, please complete this entire form and return to the school. | | | | | | |
| I, | | _, parent (or legal guardian) of | | | | |
| the student | with date of b | pirth, | | | | |
| hereby request a waiver of fees for the | | Activity | | | | |
| for the period fromt | οbecause I am ι | inable to afford to pay said fees. | | | | |

| FAMILY INFORMATION | | | | | |
|--|------------------|---|---------------------|---------|--|
| Family Size: | Adults (over 18) | | Children (under 18) | | |
| | Source: | | | Income: | |
| Family income from all sources: | Source: | | Income: | | |
| | | | | | |
| | Source: | | | Income: | |
| Number of children currently in school: | | Number of children currently eligible for free breakfast or free lunch program: | | | |
| Any factors or expenses temporarily affecting family income: | | | | | |
| Other (explain inability to pay fees): | | | | | |

| I certify that the above statements are true and correct: | |
|---|--------|
| Signature: | Date: |
| Address: | |
| Printed Name: | Phone: |