

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: