**Application for School Fees Waiver**

**To apply for a waiver of school fees, please complete this form and return it to Northside High School**

**Student Info** (Students in the household)

|  |  |  |  |
| --- | --- | --- | --- |
| First Name  | Last Name | Grade | School |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent Info**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Name Area Code Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City Zip Code

**Financial Info**

Total household income before deductions: Include wages of all working members (before taxes are taken out), DSS payments, pensions, social security, military housing allowance and all other income. Fill in one (1) blank that represents the total family income. Attach documentation.

The amount listed is (check one): ❒annual ❒monthly ❒every 2 weeks ❒ weekly ❒other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number in Household (including parents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your family receive free or reduced lunch? ❒ Yes ❒ No If yes, please attach a copy of the letter from Child Nutrition Services**

**All Applicants Must Fill Out a Free and Reduced Lunch Form for the 2023-2024 School Year. Attach a copy of the approval. If all documentation is not attached when turned in, it will not be approved.**

I certify that the information provided is true and correct. I am aware that the Principal (or his/her designee) may require documentation from me to substantiate the information I have given. Additionally, my signature gives permission for school officials to request, receive or verify my family’s lunch application data/award info from OCS Food Services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* OFFICE USE BELOW THIS LINE \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Application Received | All Info Provided? | Date Add’l Info Requested | Date 2nd of Request | Final Status | Date Parent Notified of Status |
|  | ❒Yes ❒ No |  |  | ❒Approved❒Not Approved |  |

Principal (or designee) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_