



2024-2025 Fee Waiver Application

1. Using Instructions to Apply for the 2024-2025 Fee Waivers, fill out form below completely.
2. Attach copies of documents to verify income.
3. Parent/Guardian must sign and certify that all information is true and all income is reported.

Name of Student(s)

Number of Household Members

Provide income for all Household members in each corresponding box.

| | Parent/ Guardian submitting application | Spouse, if Married Filing Jointly | Additional People Providing Financial Support | Student, if applicable |
|---|---|-----------------------------------|---|------------------------|
| PAYCHECK AMOUNTS - gross income, before deductions | | | | |
| SELF-EMPLOYMENT Income - total income, not including deductions or other costs | | | | |
| Unemployment Comp. , Disability Comp., or Workers Comp. | | | | |
| TANF/SNAP benefits | | | | |
| Social Security /Pension/ Retirement/ VA Benefits/ Strike Benefits | | | | |
| Child Support/Alimony | | | | |
| Other Income: contributions from family members | | | | |
| Rental Income | | | | |
| TOTAL INCOME | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

I attest that all information on this application is true and all income is reported. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose their waiver benefits.

 Name of Parent/Guardian (print)

 E-Mail Address

 Signature of Parent/Guardian

 Date

 Home Address

 Phone #