



REQUEST FOR CONSIDERATION OF WAIVER OR REDUCED SCHOOL FEES

Student Name _____ Grade _____ School _____

Fee type _____

Waiver

Reduced Agree to pay \$ _____

Reason for request of waiver OR reduce of school fees:

I certify that I am the parent/guardian of the child for who application for waiver is being made.

Parent / Guardian Signature _____ Date _____

Please return to School of attendance Principal

Principal Approval Signature _____ Date _____

Mission: To serve our community by educating every child.