



**REQUEST FOR FEE WAIVER  
2020-2021**

\_\_\_\_\_  
Student Name School Grade

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Address Telephone

**I am requesting that fees be waived for my child because:**

**My Household Income falls below the following limits:**

Household Size	Annual Income
1	\$ 23,606
2	\$ 31,894
3	\$ 40,182
4	\$ 48,470
5	\$ 56,758
6	\$ 65,046
7	\$ 73,334
8	\$ 81,288

For each additional family member add: \$ 8,288

**Other. Please Explain:**

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

By signing below I certify that the information provided is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Parent Signature Date

**FOR SCHOOL USE:**

**Signature of Administrator Authorizing Fee Waiver:** \_\_\_\_\_

**Entered in Infinite Campus on:** \_\_\_\_\_ (date) \_\_\_\_\_ (initials)