

**Exhibit A—Application for Waiver of Fees**

I, \_\_\_\_\_ (*name of student*), request a waiver of fees for \_\_\_\_\_ for the following reason(s):

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

I, \_\_\_\_\_ (*name of parent or guardian*), understand that the District will waive fees only if a determination of eligibility, based on District guidelines, is made.

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's or guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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***For Office Use Only***

Approved

Installment Plan

Not approved

Reason (*if not approved*):

Lack of Documentation

Code of Conduct Violation

Other

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

Principal's signature: \_\_\_\_\_

Date: \_\_\_\_\_