

**The Nueva School**  
**Request for Reduced Testing Fee**

Applicants requesting a reduced testing fee must submit this completed form and the first two pages of their previous year's 1040 tax forms. Reduced fees will be determined by the Adjusted Gross Income using a sliding scale. If there has been a change in your household income that is not reflected on your 1040, please be sure your current income is listed in the sections indicated.

Applicant's Name \_\_\_\_\_  
Last First Middle Preferred name

Applying for Grade \_\_\_\_\_ in \_\_\_\_\_ Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
month year Month day year

Check all that apply:

- Parents Together    Parents Separated    Parents Divorced    Female Guardian    Male Guardian  
 Mother Deceased    Father Deceased    Mother Remarried    Father Remarried    Single Parent

With whom is the applicant living? \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_

Parent/Guardian Name in Full

Parent/Guardian Name in Full

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Yearly Income \_\_\_\_\_

Yearly Income \_\_\_\_\_

Enclosed are the first two pages of my (our) previous year's tax forms. If your income has changed since the filing of your taxes, please be sure your current yearly income is indicated in the above section.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Please return all forms to the Admissions Office.  
Thank you for your interest in Nueva!