



**REQUEST FOR FEE WAIVER
2023-2024**

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	\$ 26,973
2	\$ 36,482
3	\$ 45,991
4	\$ 55,500
5	\$ 65,009
6	\$ 74,518
7	\$ 84,027
8	\$ 93,536

For each additional family member add: \$ 9,509

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)