



CONFIDENTIAL FEE WAIVER REQUEST

Please provide the following information:

Dated: _____

Student: _____

Parent/Guardian: _____

Phone: _____

Address: _____

Email Address: _____

Fee to be waived: _____

Name of School: _____

By my signature below, I declare that it is a financial hardship to pay the requested fee.

Parent/Guardian Signature: _____

MARK PERSONAL AND CONFIDENTIAL AND SUBMIT TO YOUR SCHOOL'S PRINCIPAL.