

WAIVER OF SCHOOL FEES FOR INSTRUCTIONAL MATERIALS

If you or your child are currently receiving aid from Ohio Works First, Ohio's Disability Assistance Program, or other State or Federal government assistance program you may be eligible for a waiver of any fees associated with participation in a course of study. You may also be eligible if your family has experienced severe financial hardship due to illness, injury, or a catastrophic event such as fire or flood. (The waiver shall not apply for fees charged for participation in co-curricular or extra-curricular activities.)

If you believe you are eligible for this waiver please complete this form and send it to 76 North Hayden If you have any questions, contact Doreen Osmun at Parkway, Hudson, Ohio 44236. 330-653-1217

(Name)		Grade	(Name)	Grade
(Name)		Grade	(Name)	 Grade
	arily disclose the following for this waiver.	ng information to	enable Hudson Cit	y School District to determine
	I currently receive funds from the State's Disability Assistance Program:			
	Case Number			
	I currently receive funds from the Ohio Works First Program: Case Number My child qualifies for free or reduced breakfasts/lunches under the National School Lunch Program:			
	My family has suffered	significant financia	ıl losses due to the fo	ollowing reason(s):
				explanation exceeds the space
	attach a separate sheet o d. Also, please attach app			
provided				
Signature	d. Also, please attach app		tation for your stated	l reason(s).

10/1/10 8/9/11 8/13/12 3/2/23