

St. Bernard Parish Public School System

200 East St. Bernard Hwy.

Chalmette, LA 70043

Phone: (504)301-2000 | Fax: (504)301-2010

Economic Hardship Waiver

A student or his/her parent or legal guardian may request and receive a waiver of payment of a fee due to economic hardship.

Completed waivers and the corresponding documentation must be submitted to your student's school principal. For families with students in multiple schools, separate waivers and documentation must be provided at each school. Families with multiple students at the same school can complete one waiver. This waiver applies to student fees incurred after December 1, 2019. The form must be completed yearly during enrollment, registration, or orientation.

Student Information

Name	School	Grade

Economic Hardship

A student or his/her parent or legal guardian may request and receive a waiver of payment of a fee due to economic hardship. Total or partial waivers of one or more fees shall be granted based on the following criteria relative to the student or his/her family. Please indicate which applies and provide the corresponding documentation with your request.

_____ Parent/Guardian is receiving unemployment benefits or public assistance including Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, Supplemental Security Income, or Medicaid.

(Documentation Required)

_____ Child is in foster care. **(Documentation Required)**

_____ Child is homeless. **(Must have documentation from SBPSB Homeless Liaison.)**

_____ Parent/Guardian is serving in or within the previous year has served in active military service. **(Documentation Required)**

_____ Child is an emancipated minor. **(Documentation Required)**

_____ For Chalmette High School Students ONLY – student is eligible for free or reduced priced meals.

(Documentation Required)

Guardian Contact Information

Guardian Name _____

Phone _____ Alternate Phone # _____

*****Please return to your school principal.*****

Information below must be completed by school personnel only.

Document Received by _____ Date Received _____

ECONOMIC HARDSHIP WAIVER DECISION

Decision on waiver request (check one):

_____ Waiver Approved

_____ Waiver Not Approved

Explanation if waiver was not approved: _____

Administrator Signature _____ Date _____