

**Stafford County Public Schools
Waiver or Fee Reduction Form**

Instructions: Complete the top portion of this form and submit directly to *(PRINCIPAL)*

Activity		Fee		Reduce: <input type="checkbox"/>	Waive: <input type="checkbox"/>
Student Name		Teacher		Student Number	
Parent/Guardian Name		Parent/Guardian Signature			
I am requesting a reduction/waiver for this activity because we are receiving assistance under one or more of the following (mark appropriate box):					
Temporary Asst. for Needy Families (TANF)	<input type="checkbox"/>	Supplemental Nutrition Assistance Program	<input type="checkbox"/>		
Supplemental Security Income (SSI)	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>		
Foster Families	<input type="checkbox"/>	Homeless	<input type="checkbox"/>		
Other, please describe					

For School Use Only

Waive Fee/Reduce Fee (circle one)	Reduced Fee Amount:
Administrator Name/Position	
Administrator Signature	
Date	