REGISTRATION HARDSHIP WAIVER REQUEST

for ACT 240

Name of School: _____ Date: _____

Student's Name: _____

Student's Home Address: _____

_____ _____ _____

City State Zip

Student lives with: Parents ☐ Mother ☐ Father ☐ Guardian ☐

Parent/Guardian Name: _____

Parent/Guardian Cell/Home Phone Number: _____

Instructions: Please check off all that apply: **(Proof of eligibility must be provided.)**

I am applying for a hardship waiver for school fees based on the following objective criteria:

☐ I am receiving unemployment benefits

☐ I am receiving benefits under the McKinney-Vento Homeless Assistance Act

☐ I am receiving Temporary Assistance for Needy Families

☐ I am receiving SNAP benefits

☐ I am receiving Supplemental Security Income (SSI)

☐ I am receiving Medicaid

☐ The student is in foster care or parent is caring for foster children

☐ I am serving in or have served within the previous year, active military service

☐ I am an emancipated minor

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

(Office Use Only)

☐ Approved

☐ Denied (See reason below.)

This application for a hardship waiver has been denied because: _____

_____

_____

_____ _____

PRINCIPAL'S SIGNATURE DATE

2/20/ms