Fee Waiver Request Form

STEVENS POINT AREA PUBLIC SCHOOL DISTRICT

Complete this form, one per child, to request a waiver and/or reduction of co-curricular fees and/or K-12 student fees.

1. Waivers, Reduced Fees, and Payment Options Information

A. There are four possible alternative fee payment plans:
   1) Students qualifying for free lunch may request a fee waiver and/or participate in activities at no charge.
   2) Students qualifying for reduced lunch may request a 50% fee waiver reduction and/or participate in activities with a 50% reduction of assessed fees.
   3) Students not qualifying under 1) or 2) above, may request a payment plan to have fees paid by April 1st, and/or may request a payment plan of 2 or 3 installments over the course of each sport season or activity.
   4) Families experiencing special financial hardship may request a waiver/reduction of fees by filing the form and attaching a statement of circumstances.

B. The **principal** will approve or deny payment plan requests and financial hardship requests.

C. The **district athletic director or principal** will approve or deny payment plan requests and financial hardship requests for **school sponsored athletics**.

D. Fees for free and reduced participants will not be waived without a parent or guardian signing this form.

2. Please complete the form below

Student Name_____ Grade_____ School_____

A. Select the areas to apply the waived/reduced fee option.

Grades K-6 1) □ Elementary Student Fee □ Field Trips

Grades 7-12 1) □ Course Fees 2) □ Activity Fee 3) □ Planner Fee
4) □ Towel Fee 5) □ Textbook Fee 6) □ Co-Curricular, Athletic Fee, Club, Field Trips, or Extra-Curricular Activity_____

B. Select an alternative fee payment plan

1) If the **Waived Fee or Reduced Fee** option is selected below, permission must be provided by the parent or guardian for free or reduced lunch information to be released to the school principal. By signing below, you are giving the food service office permission to release that information to both the district athletic director and/or principal.
   a. _____Waived Fee – Free Lunch Option
   b. _____Reduced Fee (50% reduction) - Reduced Lunch Option

2) If you wish to design your own payment schedule, it **must** be written on the back of this form or attached separately. Your signature below requests consideration of the payment schedule option.
   a. _____Payment Schedule (May also be requested in conjunction with Reduced Fee request above)

3) If Special Financial Circumstances apply, a written explanatory statement **must** be recorded on the back of this form or attached separately along with your fee reduction payment schedule (if applicable).
   a. _____Special Financial Circumstances; Requesting waived/reduced fees

_____ _____
Parent/Guardian Signature Date

_____ _____
Print Parent/Guardian Name Parent/Guardian Phone Number

For Office Use Only

1._____Verification Reviewed for free lunch	a._____Waiver Approved	b._____Waiver Denied
2._____Verification Reviewed for reduced lunch	a._____50% Fees Approved	b._____50% Fees Denied
3._____Approved for Payment Schedule Option	a._____Schedule Approved	b._____Schedule Denied
4._____Special Financial Circumstances	a._____Request Approved	b._____Request Denied

Signature of Principal/District Athletic Director_____Date _____

3. Payment Schedule Information

I am unable to pay my child's school fees at this time. Please accept the following payment schedule below with dates and amounts. The school district can expect to receive my payments according to this schedule:

Total amount of school fees for my child: $_____

Amount	Will be paid by: (Date)
	TOTAL $

_____ _____

Guarantor (Parent/Guardian) Signature Date

4. Special Financial Circumstance: Explanation

☐ I am requesting a student fee waiver for this school year.

☐ I am requesting a student fee reduction for this school year. I am able to pay $_____ on the following dates in the following amounts:

Amount	Will be paid by: (Date)
	TOTAL $

_____ _____

Guarantor (Parent/Guardian) Signature Date