

Fee Waiver Request Form



Complete this form, one per child, to request a waiver and/or reduction of co-curricular fees and/or K-12 student fees. *Please note that Drivers Education fees are not subject to reduction or waiver.*

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 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 covered under a) or b) 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. Fees for free and reduced participants will not be waived without a parent or guardian signing this form.
- C. The **district athletic director or principal** will approve or deny payment plan requests and financial hardship requests for **school sponsored athletics**.
- D. The **principal** will approve or deny payment plan requests and financial hardship requests.

2. Please complete the form below

Student Name _____ Grade _____ School _____

A. Select the areas to apply the waived/reduced fee option. (The first six are 7-12 fees.)

- | | | |
|--|--|--|
| 1) <input type="checkbox"/> Course Fees | 2) <input type="checkbox"/> Activity Fee | 3) <input type="checkbox"/> Planner Fee |
| 4) <input type="checkbox"/> Towel Fee | 5) <input type="checkbox"/> Textbook Fee | 6) <input type="checkbox"/> Co-Curricular/Athletic Fee |
| 7) <input type="checkbox"/> Elementary Student Fee | Sport, Club, or 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 AD _____ 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