THE SCHOOL FOR CREATIVE & PERFORMING ARTS
Cincinnati Public Schools

ARTISTIC ENRICHMENT FEE WAIVER APPLICATION

(Return to: Artistic Department dropbox or SCPAArtisticDept@cpsboe.k12.oh.us.)

Note: Applications are processed on a first-come, first-served basis.

(**Print Legibly**)

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

Student Name (print): _____ Grade: _____

1. Does your child qualify for the CPS Free/Reduced Lunch Program? ___ Yes / ___ No
2. May we review the CPS Free/Reduced Lunch Program for confirmation? ___ Yes / ___ No

Reason for the request? (**Note: Applications that do not explain the reason for the request will automatically be denied. Please use the back of the application if more space is needed for your entry.**)

_____

_____

_____

_____

Parent Name (print): _____ School Year: _____

Parent/Guardian Signature: _____ Date: _____

Email Address: _____ Contact No.: _____

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Status of request: ___ **Approved** / ___ ***Denied**

*Reason for denial: _____

_____

_____ _____

James Jones, Artistic Director Date