Grants Pass School District

Petition for Waiver or Reduction of Fees – 25/26

Grants Pass School District is participating in the Community Eligibility Provision (CEP) provision under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child may qualify for, please complete, sign and return this application to your child's counselor.

_____ _____

Applicant Name Date

Fee Waiver I am requesting (check all that apply):

❑ AP Testing Fees ❑ SAT Testing Fees ❑ PSAT Testing Fees ❑ Athletics/Band Fee

❑ Class Fees ❑ PE Clothes ❑ Other (please specify): _____

Household income survey: please circle your household size and closest income level below

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	28,953	2,413	1,207	1,114	557
-2-	39,128	3,261	1,631	1,505	753
-3-	49,303	4,109	2,055	1,897	949
-4-	59,478	4,957	2,479	2,288	1,144
-5-	69,653	5,805	2,903	2,679	1,340
-6-	79,828	6,653	3,327	3,071	1,536
-7-	90,003	7,501	3,751	3,462	1,731
-8-	100,178	8,349	4,175	3,853	1,927
Each additional household member adds	10,175	848	424	392	196

Household income questions: please answer each of the following questions

Is your income equal to or less than any of the amounts listed next to the number you circled? ❑ yes ❑ no

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? ❑ yes ❑ no

Does your family qualify for medical assistance under Medicaid? ❑ yes ❑ no

Is your family receiving Supplementary Security Income (SSI)? ❑ yes ❑ no

Does your family receive housing assistance (section 8)? ❑ yes ❑ no

Does your family receive home energy assistance (LIHEAP)? ❑ yes ❑ no

I certify that the above information is, to the best of my knowledge, true and complete.

_____ _____

Parent/Guardian Signature Date

School Section:

❑ Approved Full Waiver of Fees ❑ Reduction in Fees Approved – specify amount to be covered _____ ❑ Denied

_____ _____

Administrator Signature Date