

Drivers Education Fee Waiver Request



Guilford
COUNTY SCHOOLS

Student Name: _____

School: _____

Student ID Number: _____

Date of Driver's Ed Class: _____

Parent/Guardian Name: _____

Phone: _____

Students participating in Drivers Education are required to pay a fee of \$65. If you would like to be considered for a fee waiver, choose one of the options below, complete that section, and attach any documentation requested. **Submit by email to: driversed@gcsnc.com**

Option A

- ☐ This student has been approved for free and reduced meals and we have received the letter from GCS School Nutrition. (Attach a copy of the letter.)

Option B

- ☐ This student attends a CEP school **and** meets the income criteria to be eligible for free or reduced meals.

Check the box below that best matches your household size and annual (or monthly) income:

Check	No in Household	Yearly Income Less Than		Monthly Income Less Than
☐	2	\$27,495	OR	\$2,292
☐	3	\$34,645		\$2,888
☐	4	\$41,795		\$3,483
☐	5	\$48,945		\$4,079
☐	6	\$56,095		\$4,675
☐	7	\$63,245		\$5,271
☐	8	\$70,395		\$5,867

Option C

- ☐ We do not match any of the categories above but would like to be considered for a waiver based on family financial circumstances. (Attach a brief explanation and submit with this form to the district office of Athletics and Driver's Education)

As parent or legal guardian of the student named above, I affirm the information provided on this form is accurate.

Parent/Guardian Signature: _____ Date: _____

For additional information about the fee, visit www.gcsnc.com

Submit form by email to: driversed@gcsnc.com