



Fee Waiver Application

____ 2026-2027 School Year

____ 2025-2026 School Year

____ 2024-2025 School Year

1. Using Instructions to apply for the Fee Waivers, fill out form below completely.
2. Attach copies of documents to verify income.
3. Parent/Guardian must sign and certify that all information is true and all income is reported.

Name of Student(s)

Number of Household
Members

Provide income for all Household members in each corresponding box.

	Parent/ Guardian submitting application	Spouse, if Married Filing Jointly	Additional People Providing Financial Support	Student, <i>if applicable</i>
PAYCHECK AMOUNTS - gross income, before deductions				
SELF-EMPLOYMENT Income - total income, not including deductions or other costs				
Unemployment Comp. , Disability Comp.,or Workers Comp.				
TANF/SNAP benefits				
Social Security /Pension/ Retirement/ VA Benefits/ Strike Benefits				
Child Support/Alimony				
Other Income: contributions from family members				
Rental Income				
<u>TOTAL INCOME</u>	\$ _____	\$ _____	\$ _____	\$ _____

I attest that all information on this application is true and all income is reported. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose their waiver benefits.

Name of Parent/Guardian (print)

E-Mail Address

Signature of Parent/Guardian

Date

Home Address

Phone #