



CLINT INDEPENDENT SCHOOL DISTRICT

Technology Fee Waiver Request Form

Purpose: Clint ISD is committed to ensuring all students have access to necessary educational technology. If your family is experiencing financial hardship and is unable to pay a technology fee, please complete this form to request a fee waiver. **Please note: A separate form must be completed for each individual student.*

1. STUDENT INFORMATION

Student Full Name: _____

Student ID Number: _____ School: _____

2. PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____ E-mail: _____

3. FEE WAIVER REQUEST DETAILS

Please list the fee(s) you are requesting a waiver for:

4. REASON FOR REQUEST (CONFIDENTIAL)

Please indicate the reason for your request:

- Family is experiencing temporary financial hardship (loss of income, unexpected medical expenses, etc.).
- McKinney-Vento Program
- Foster Care Program
- Other:

5. PARENT/GUARDIAN SIGNATURE & AFFIRMATION

By signing below, I certify that all information provided on this form is true and accurate to the best of my knowledge. I understand that school officials may verify this information to determine fee waiver eligibility.

Parent/Guardian Signature

Date

FOR DISTRICT / CAMPUS OFFICE USE ONLY

Date Received: _____

Received By: _____

Action Taken: Approved Denied

Notes / Reason: _____

Authorized Signature: _____

Date: _____