

Duplin County Schools



Student Fee Waiver Request Form

Student Name: _____

Student ID Number: _____

Grade: _____

School: _____

Parent/Guardian Name: _____

Phone Number: _____

Fee Waiver Request:

I am requesting a waiver of the _____ fee for the above-named student due to financial hardship or other qualifying circumstances.

Reason for Request (check all that apply):

- ☐ Financial hardship
- ☐ Foster care, homeless or transitional housing
- ☐ Other (please explain): _____

Certification

I certify that the information provided on this form is true and complete to the best of my knowledge. I also understand that approval of this request is subject to school or district policy.

Parent/Guardian Signature: _____ Date: _____

SCHOOL USE ONLY

Status:

- ☐ Approved
- ☐ Denied
- ☐ Additional Information Requested (please explain): _____

Principal Signature: _____ Date: _____