



MERCER ISLAND SCHOOL DISTRICT #400

4160 86th AVE SE • Mercer Island, Washington 98040

www.mercerislandschools.org

T: 206-236-3330 F: 206-236-3333

Financial Support Request Form

The District recognizes that some students and families may need financial assistance to access academic, school-sponsored, extracurricular, or enrichment opportunities. This form may be used to request financial assistance for fees. We are committed to ensuring that all students have meaningful access to academic opportunities and activities that enrich the school experience.

1. Financial assistance cannot be provided for fines or penalties, including fines for missing or damaged items, parking tickets, and/or other similar charges.
2. A separate request must be submitted for each fee, activity, or expense for which financial assistance is requested.

3. All requests and information submitted through this form are confidential.

Name of parent or guardian completing this form: _____

Name of student: _____

School:

- ☐ Northwood ☐ West Mercer ☐ Lakeridge ☐ Island Park
☐ Crest Learning Center ☐ Islander Middle School ☐ Mercer Island High School

Have you completed the Free & Reduced Meal Application?* ☐ Yes ☐ No

If Yes, have you completed the District's Consent to Share Form?** ☐ Yes ☐ No

**A signed Free & Reduced Meal Application is required with the Financial Support Request Form.*

***If your family qualifies for Free & Reduced Meals, a Consent to Share Form is also required to automatically waive eligible student fees. Both forms are available on the District website under Food Services.*

Please describe the fee, activity, event, or expense for which you are requesting assistance:

What is the total cost of the fee or expense? \$ _____

How much financial assistance are you requesting? \$ _____

What portion of the total cost are you able to pay, if any? \$ _____

(Payment plans are available upon request from the Business Office)

DISTRICT USE ONLY

Principal/Director: ☐ Approved ☐ Denied

If denied, reason for denial:

Principal/Director: _____

Signature: _____ **Date:** _____

(If approved, please remit to an Assistant Superintendent or the Superintendent for final consideration)

If Approved:

District: ☐ Approved ☐ Denied

Approved by: ☐ Assistant Superintendent or ☐ Superintendent

Name: _____

Signature: _____ **Date:** _____

RETURN COMPLETED FORM TO BUILDING ADMINISTRATION