



School Fee Waiver Form

SCHOOL: _____ UNIT: _____ AREA: _____

Parents, please complete this entire form and return to the school.

I, _____, parent (or legal guardian) of
the student _____ with date of birth _____
hereby request a waiver of fees for the _____ Activity
for the period from _____ to _____ because I am unable to afford to pay said fees.

FAMILY INFORMATION		
Family Size:	Adults (over 18) _____	Children (under 18) _____
Family income from all sources:	Source: _____	Income: _____
	Source: _____	Income: _____
	Source: _____	Income: _____
Number of children currently in school: _____	Number of children currently eligible for free breakfast or free lunch program: _____	
Any factors or expenses temporarily affecting family income:	_____	
Other (explain inability to pay fees):	_____	

I certify that the above statements are true and correct:

Signature: _____ Date: _____

Address: _____

Printed Name: _____ Phone: _____