

School District of West Salem  
**FEE WAIVER APPLICATION**

**School Year:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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Please check the type of waiver desired:

- Student Class Dues                       Course Fees                       Technology Fees

List the course fees/dues you are requesting to be waived:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The building counselor of your oldest child may be contacting you to schedule a brief, confidential meeting to discuss your specific situation. Please provide the best contact information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***\*Return this form to the District Office in a sealed envelope with the building clearly identified (ES, MS, HS)***

*The West Salem School District does not discriminate on the basis of sex, race, color, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.*

UPDATED: 10/31/18