

Fee Waiver Application

School Year: _____

Date: _____

Parent/Guardian Name: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Please check the type of waiver desired:

Student Class Dues Course Fees Technology Fees Co-Curricular Fees

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

Total Amount: \$ _____

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)***

Building Administrator Signature: _____

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