



STUDENT FEE WAIVER FORM

I, _____ parent (or legal guardian) of _____

hereby request a waiver of Fees for _____ for the period

from _____ to _____ because I am unable to afford to pay said fees.

Family size: _____
Adults (over 18)

_____ Children (under 18)

Source

Amount (Specify per month per year. etc.)

Family income from all sources :

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

Address

Print Name

Telephone

PRINCIPAL SIGNATURE _____

APPROVED _____

DENIED _____