



# 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: \_\_\_\_\_