

**CAMERON PARISH SCHOOL SYSTEM
ECONOMIC HARDSHIP WAIVER REQUEST
SCHOOL FEES**

Families may request a reduction or waiver of fees for economically disadvantaged students and for students whose families are experiencing economic hardships and are financially unable to pay them. Not all fees assessed by a school are eligible for a reduction or waiver. However, students should not be denied or delayed admission nor denied access to an instructional activity due to failure to pay a fee.

Examples of families/students experiencing economic hardship include, but are not necessarily limited to, families receiving unemployment benefits or public assistance, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid, or families that are homeless.

Samples of fees that may qualify for a reduction or waiver include but are not limited to: KN-5th grade classroom supply fees, 6th-12th grade subject specific class fees, and 9th – 12th grade level class fees.

Samples of fees/dues that do not qualify for a reduction or waiver include but are not limited to: School-level, parish-level, state-level, or national-level club/organization membership dues, Extracurricular activity fees such as Dance Line or Cheerleader.

Please complete the attached application and return all to the school office.

.....(For school use only).....

Name of student _____ **Grade** _____

Fee(s) to be addressed:

_____ \$ _____
(please print name of fee) (amount of fee)

_____ \$ _____
(please print name of fee) (amount of fee)

_____ \$ _____
(please print name of fee) (amount of fee)

The request for waiver or reduction of school fees is:

_____ **Approved** _____ **Denied**

If the request is for a reduction, the parent/guardian agrees to pay:

_____ \$ _____
(please print name of fee) (amount of reduced fee)

_____ \$ _____
(please print name of fee) (amount of reduced fee)

_____ \$ _____
(please print name of fee) (amount of reduced fee)

Signature of school Principal _____ **Date** _____

**CAMERON PARISH SCHOOL SYSTEM
ECONOMIC HARDSHIP WAIVER REQUEST**

Application for reduction or waiver of fees

Name of student _____
(please print)

School _____ Grade Level _____
(please print) (please print)

Name of parent or guardian submitting request _____
(please print)

Phone number of parent or guardian submitting request _____

Please list the fee(s) that you are wanting to address:

_____ \$ _____
(please print name of fee) (amount of fee)

_____ \$ _____
(please print name of fee) (amount of fee)

_____ \$ _____
(please print name of fee) (amount of fee)

I am requesting a:

_____ reduction of school fees. I believe that I can pay _____
(print amount you can pay)

_____ waiver of school fees

Reason(s) for requesting a reduction or waiver of school fees: (check all that apply and attach documentation of participation in these programs)

_____ family receives Temporary Assistance for Needy Families (TANF)

_____ family receives Supplemental Nutrition Assistance Program benefits (SNAP)

_____ family receives Supplemental Security Income (SSI)

_____ my child receives Free or Reduced Meal allowance by the school system

_____ family is recognized as homeless by the school system (McKinney-Vento)

_____ other (please explain your reason(s) if not listed above:

