



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: _____