



School Fee Waiver Form

School _____ Unit # _____ Cluster # _____

I, _____, parent (or legal guardian) of
(Parent's Name)

_____, hereby request a waiver of
(Student's Name and Date of Birth)

fees for _____ for the period
(Activity)

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