



# 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