

THEDFORD PUBLIC SCHOOLS
FEE WAIVER REQUEST FORM

Student's Name _____ School/Grade _____

Parent/Guardian _____ Date _____

Explanation for Waiver Request _____

I hereby agree to waive all confidentiality rights associated with the free/reduced meal program thereby allowing this waiver request information to be shared with appropriate school district personnel.

Parent/Guardian signature _____ Date _____

All applicants for the fees waiver must have a free/reduced meal application form completed and on file with the school office. If that has not been done, please complete the form and attach it to this waiver form when returning it to the office personnel.

Waiver of Fees is Approved _____ Yes _____ No

Fees to be Waived _____

Reasons for denial of request:

- _____ All requested documents not completed/submitted.
- _____ Student does not qualify for free/reduced lunches
- _____ Student did not meet deadlines for request of fee waiver
- _____ The fees/costs requested to be waived do not meet state guidelines for allowable fee waivers
- _____ Student currently owes for damages to specialized equipment previously provided to the student, specifically: _____
- _____ Other reasons: _____

Administrator _____ Date _____