

SCHOOL DISTRICT OF WAUPACA

SERIES 600 FISCAL MANAGEMENT

CODE: 656-R2

STUDENT FEE WAIVER/REDUCTION REQUEST FORM

Student Last Name Student First Name Student ID#

School Grade

Parent or Guardian Name – Print Home Phone # Work Phone # Cell Phone #

Parent or Guardian Signature Date

<u>Fee Description</u>	<u>Fee</u>	<u>I am requesting:</u>	<u>I can pay:</u>	<u>Status</u>
<i>List any specific student fees that are subject to waiver by law or policy. For example:</i>				
Textbook Rental Fee	<input type="text"/>	<input type="checkbox"/> Full Waiver <input type="checkbox"/> Reduction	<input type="text"/>	<input type="checkbox"/> Paid
Activity fee for _____	<input type="text"/>	<input type="checkbox"/> Full Waiver <input type="checkbox"/> Reduction	<input type="text"/>	<input type="checkbox"/> Paid
CAPP Fee	<input type="text"/>	<input type="checkbox"/> Reduction	<input type="text"/>	<input type="checkbox"/> Paid
Other: _____	<input type="text"/>	<input type="checkbox"/> Full Waiver <input type="checkbox"/> Reduction	<input type="text"/>	<input type="checkbox"/> Paid

I am requesting a fee waiver/reduction, as identified above, based upon low-income status and/or other inability to pay. For purposes of verification of eligibility for the waiver or reduction (select **one** of the following):

- For the exclusive purpose of determining eligibility for the fee waiver/reduction requested above, I authorize and grant permission to School District of Waupaca staff involved in making fee decisions to access and use the above-identified child's eligibility status with respect to free or reduced-price meals (see important notice on the reverse side of this form).
- I attest that the student is a homeless or unaccompanied youth, which can be verified in school records.
- I will provide and attest to the truth of a written statement that identifies total household gross income (i.e., total income of all persons in the household who receive income, regardless of the source of the funds).
- I am requesting a fee waiver/reduction based on other special circumstances that I believe demonstrate an inability to pay as required by Board policy. (NOTE: please attach any explanation/documentation) and that I would like to discuss with the building principal or designee.

Return Completed Form to Office

The District may waive the payment of part or all of certain student fees if the student or the student's parent or guardian demonstrates an inability to pay such fees (Board Policy 656).

REVERSE SIDE: DISTRICT FEE WAIVER/REDUCTION FORM

IMPORTANT NOTICE TO PARENTS/GUARDIANS REGARDING AUTHORIZATION TO ACCESS AND USE A STUDENT'S FREE AND REDUCED-PRICE MEAL ELIGIBILITY STATUS

Authorizing District staff to access a student's eligibility status with regard to federal free or reduced-price school meal programs is one way that a parent or guardian may demonstrate eligibility for the fee waivers allowed under School Board Policy 656. You are not required to authorize this access. If you choose not to authorize this access, your decision will not affect the student's eligibility to participate in the District's school meal program or any other school program or activity. If you choose to authorize this access:

- Only school district personnel directly involved in making the fee waiver eligibility determination will access the student's school meal eligibility status.
- The only information that will be accessed in connection with making fee waiver decisions will be the District's records indicating that the student is either eligible, or not eligible, for free meals or for reduced-priced meals at school.
- The student's free or reduced-price meal eligibility status will be used only to determine the student's eligibility for the fee waiver(s) you are requesting, and will not be disclosed to any other programs or entities.

FOR OFFICE USE ONLY:

School

School Year of Application:

Student Last Name

Student First Name

Student ID

WAIVER APPROVED: as requested modified/approved in part

Total Fees Waived: Total Fees Paid:

WAIVER DENIED: denied in whole denied in part

Reason:

Authorized Signature & Title

Return Completed Form to: _____

Date