

**OFFICE USE ONLY**

**Student's Name** \_\_\_\_\_

**School Year** \_\_\_\_\_



\*\*\*\*\*

**INSTRUCTIONAL FEE WAIVER REQUEST FORM**

The following student attending \_\_\_\_\_ is a dependent living in my household and is eligible for free or reduced-price lunch and I hereby request waiver for required instructional fees. I understand this to mean that I do not have to pay any required instructional fees, including those for field trips during school hours or field trips after school hours, on weekends, or in the summer if the field trip is part of the instructional program. I authorize Nutrition Services to share my student's meal status with the school's bookkeeper and teacher of record so that my child can benefit from Fee-Waiver funds.

Student's Name	Social Security Number	Date of Birth	Class/Homeroom

Parent/Guardian Signature \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

#####

**IMPORTANT NOTICE**

*If the above form is completed and approved, the school cannot collect any funds from your child (the Fee-Waiver student) for instructional fees. However, if there may be occasions in which you wish to send funds, please also complete the form below.*

**VOLUNTARY FEE WAIVER EXCEPTION FORM**

I understand that, if my child qualifies for fee waiver and I have signed and returned the Fee Waiver Request Form, I am **NOT** required to pay, donate or contribute any portion of an eligible school fee (including fees charged for school day field trips). However, if I sign this exception form, I am choosing, from time to time, to pay all or part of a fee. In order to make a voluntary contribution, I must sign this form.

Parent/Guardian Signature \_\_\_\_\_

Name of Student \_\_\_\_\_ Date \_\_\_\_\_