

**REQUEST FOR FEE WAIVER
2017-2018**

_____	_____	_____
Student Name	School	Grade

Parent Name		

Address		Telephone

I am requesting that fees be waived for my child because:

- My Household Income falls below the following limits:**

Household Size	Annual Income
1	\$ 22,311
2	\$ 30,044
3	\$ 37,777
4	\$ 45,510
5	\$ 53,243
6	\$ 60,976
7	\$ 68,709
8	\$ 76,442

For each additional family member add: \$ 7,733

- Other. Please Explain:**

By signing below I certify that the information provided is accurate and complete to the best of my knowledge.

_____	_____
Parent Signature	Date

FOR SCHOOL USE:

Signature of Administrator Authorizing Fee Waiver: _____
Entered in Infinite Campus on: _____ (date) _____ (initials)