

# **REQUEST FOR FINANCIAL ASSISTANCE**



## **REQUEST FOR FINANCIAL ASSISTANCE FOR SCHOOL FEES**

STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ OCCUPATION : \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### **REQUEST INFORMATION**

**School fee(s) you are requesting assistance for:**

**Please explain why the fee should be waived or reduced:**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

### **TO BE COMPLETED BY SITE/DISTRICT ADMINISTRATION**

#### **FEE SCHEDULE:**

Amount of fee(s): \_\_\_\_\_

Amount of fee(s) to be waived \_\_\_\_\_

Amount paid: \_\_\_\_\_

TOTAL BALANCE DUE: \_\_\_\_\_

**Site/District Approval: \_\_\_\_\_ Date: \_\_\_\_\_**

\*Fee waiver forms must be submitted to the Principal's office for review and approval. Approved waiver forms must be maintained in the Principal's office.