



### Fee Reduction/Waiver Request Form

Please complete this form and return to your child's Principal

<b>Student Name (Print)</b> (First Name, Last Name)	<b>School</b> (CSPS, AES, HHMS, KWHS)	<b>Student Number</b>
<b>Parent/Guardian Name (Print)</b> (First Name, Last Name)	<b>Contact Number</b>	<b>Parent/Guardian Signature</b>
<b>Name of Activity/Event</b>	<b>Teacher/Sponsor</b>	<b>Fee Amount</b>
		\$
<b>I am requesting ONE of the two options below because of the reasons indicated:</b>		
<input type="radio"/> <b>FEE WAIVED</b>	<input type="radio"/> <b>FEE REDUCED</b>	

<b>Mark any box that applies:</b>
<input type="checkbox"/> My child receives free or reduced-price lunch.
<input type="checkbox"/> My family is receiving unemployment benefits.
<input type="checkbox"/> My family is experiencing an economic hardship..
<input type="checkbox"/> I am caring for a child in foster care.
<input type="checkbox"/> My family is experiencing homelessness.
<input type="checkbox"/> My family receives Temporary Assistance for Needy Families (TANF), qualifies for the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), or Medicaid.
<input type="checkbox"/> Other - Please describe:

*For School Use Only:*

<b>Waive / Reduce</b> (circle one)	Reduced Fee Amount \$	Date:
Administrator Name (Print):		
Administrator Signature:		