

STUDENT FEES, FINES, AND CHARGES

FP
(EXHIBIT)

APPLICATION FOR WAIVER OF FEES

I, _____, request a waiver of fees for
name of student

_____ due to the following reason(s): _____

I, _____, understand that the District will
name of parent/guardian

waive fees only if a determination of eligibility, based on District guidelines, is made.

Signature of parent/guardian

Date

Approved

Not approved

Reason(s): _____

Signature of principal

Date