

**FEE WAIVER APPLICATION (GRADES 7-12)**  
**Please read the School Fees Notice before completing the application!**  
**All information on this application will be kept confidential**

**SECTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER.**

Name of student: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade level: \_\_\_\_\_  
 Name of parent or guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

- Please check if applicable: (attach supporting documents for each category that applies)
- \_\_\_\_\_ Student is eligible based on income verification (See Section D, Page 2 of 2).
  - \_\_\_\_\_ Student receives (SSI)\* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES).
  - \_\_\_\_\_ Family receives TANF (currently qualified for financial assistance or food stamps).
  - \_\_\_\_\_ Student is in Foster Care (under Utah or local governmental supervision).
  - \_\_\_\_\_ Student is in State Custody.

**\*Please note: Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.**

Parents or guardians shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and LEA policies and guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reasons for the request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. **Please note that costs for yearbooks, class rings, letter jackets, school pictures, and similar items are not fees and will not be waived. Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.**

Fee Description	Amount	Fee Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please give this application to the Principal, Assistant Principal, or the School Fee Counselor when you have finished filling it out.** All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. **The school shall require you to present proof of eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." State law also requires that school districts provide alternatives in lieu of fee waivers, "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community or home service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

**I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.**

DATE: \_\_\_\_\_ PARENT'S OR GUARDIAN'S SIGNATURE \_\_\_\_\_

**Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.) LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMNS ON SAME LINE AS RECEIVER.**

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12. The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.

NAME Last	First	M.I. (also known as)	Earnings from work (before deductions)		Pension/Retirement Social Security		Welfare, alimony child support		Other income 2nd job, etc.		Total by Adult Monthly Income
			Job 1	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly		
1			\$	\$	\$	\$	\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household \_\_\_\_\_

**Section C. EXAMPLES OF INCOME**

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, retirement payments, Social Security income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

**Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2017 to June 30, 2018**

Household Size	Yearly		Monthly		Twice Per Month		Every Two Weeks		Weekly	
	1	2	3	4	5	6	7	8	9	10
1	15,678	1,307	654	302	603	302	603	302	302	302
2	21,112	1,760	880	406	812	406	812	406	406	406
3	26,546	2,213	1,107	511	1,021	511	1,021	511	511	511
4	31,980	2,665	1,333	615	1,230	615	1,230	615	615	615
5	37,414	3,118	1,559	720	1,439	720	1,439	720	720	720
6	42,848	3,571	1,786	824	1,648	824	1,648	824	824	824
7	48,282	4,024	2,012	929	1,857	929	1,857	929	929	929
8	53,716	4,477	2,239	1,033	2,066	1,033	2,066	1,033	1,033	1,033
For each additional family member, add:	5,434	453	227	105	209	105	209	105	105	105

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department.

This form and all supporting documents will be destroyed after the approval process is complete.