

STUDENT FEE OR FINE WAIVER REQUEST

School Year: _____

Student's Name: _____
(Last Name, First Name, Middle Initial)

Counselor: _____ Grade Level: _____

Parent(s)/Guardian(s) _____ Phone(s): _____

Potential Activities Affected: _____

Fee or Fine Requested to be Waived: _____

Reason for Request: _____

Parent/Guardian Signature

By signing below, I certify that my student qualifies for the USDA Free & Reduced Lunch Program:

Parent/Guardian Signature: _____ Today's Date: _____

Required School Signatures

Counselor Signature: _____ Today's Date: _____

Principal Signature: _____ Today's Date: _____

FOR SCHOOL USE

Fee or Fine Adjustment Processed: (Circle) YES NO – Reason: _____

Date Processed: _____ Processed By: _____

Office Manager/
ASB Bookkeeper Signature: _____ Today's Date: _____