

**FEE WAIVER APPLICATION (GRADES K-6)**

**Please read the School Fees Notice before completing this Application!**

**No elementary school child may be charged for anything that takes place or is used during the regular school day. That includes textbooks, classroom equipment and supplies, musical instruments, field trips, assemblies, and snacks which are not part of the school lunch program. Fees can only be charged for programs which take place before or after school or during school vacations (or for things used in those programs). But all of those fees must be waived for eligible children. Fees may be charged to students in sixth grade only if the student attends a school that includes one or more 7-12 grades.**

**All information on this application will be kept confidential**

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

Name of student: \_\_\_\_\_ Student #: \_\_\_\_\_

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 Quality for the SSI category listed above.**

Parent(s)/guardian(s) 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 school district/charter school policies and/or 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 reason(s) 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 will be waived. **Costs for lost or damaged school property or for school pictures, yearbooks, and similar things are not fees and will not be waived.** If you wish to have all applicable fees waived, please write "all" in the "Fee Description" column.

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

Please give this Application to the Principal/School Director or School Fee Coordinator when it is complete. **All fee payments will be suspended until the school has decided if your student is eligible for fee waivers.** You will then be given notice of the decision. **The school shall require you to prove eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent "applies for fee waivers." Local/charter boards will have policies and/or guidelines for determining required documentation for eligibility for fee waivers. 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 COLUMN(S) 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
			Job 1 Monthly	Monthly	Monthly	Monthly	Income
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, security income, 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, 2016 to June 30, 2017**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711
6	42,354	3,530	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add:	5,408	451	226	208	104

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.