Application for District Fee Waiver-Complete One Application per Household

Part 1. Student Info

Names of Child(ren)
(First, Middle Initial, Last) | School Name | Grade | Grant Student ID *(SCHOOL USE ONLY)*

_____|_____|____|_____

_____|_____|____|_____

_____|_____|____|_____

Part 2. Food Stamp or TANF Case

Note: The case # must be in the following format: * * — * * * — * * — * * * * * _____

Part 3. Homeless, Migrant or Runaway (Categorically eligible)

☐ Homeless ☐ Migrant ☐ Runaway _____ _____
(Signature of Your School Homeless Liaison or Migrant Coordinator) (Date)

Part 4. Foster Child

☐ If this application is for a child who is the legal responsibility of a welfare agency or court, check box at left. List the amount of the child's personal use monthly income……$_____

Part 5. Total Household Gross Income (before deductions) You must tell us how much

1. NAMES (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN RECEIVED Example: $100/month; $100/twice a month; $100/every other week; $100/week								3. Check if NO INCOME
	Earnings from Work-Gross Income (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All Other Income)		
	Amount	How Often?	Amount	How Often?	Amount	How Often?	Amount	How Often?	
A.	$	/	$	/	$	/	$	/	☐
B.	$	/	$	/	$	/	$	/	☐
C.	$	/	$	/	$	/	$	/	☐
D.	$	/	$	/	$	/	$	/	☐
E.	$	/	$	/	$	/	$	/	☐

Part 6. Signature (Parent/Guardian must sign)

An adult household member must sign the application. If Part 5 is completed, the adult signing the from must also list his or her social security number **or** mark the "I do not have a social security number box." I certify (promise) all information on this application is true and all income is reported. The school has my permission to validate any information submitted.

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security Number

☐ I **do not** have a social security number.

_____ _____ _____
Date Printed Name of Adult Household Member Signature of Adult Household Member

Part 7. Contact Information

_____ _____ _____
Work Telephone Number Home Telephone Number Home Address (number, street, city, zip code)

School Use Only- Check conversion method used.

Initial Determination ☐ **Annual Income Conversion-** Weekly X 52/Every 2 weeks X 26/Twice a Month X 24/Once a Month X 12 **Number in Household** _____

☐ **Monthly Income Conversion-** Weekly X 4.33/Every 2 weeks X 2.15/Twice a Month X 2

Total Income: $_____ **Per:** ☐ Week ☐ Every 2 weeks ☐ Twice a Month ☐ Month ☐ Year

Fees waived based on: ☐ Food stamp or TANF OR ☐ Household's Income ☐ Foster Child's Income

Denied-Reason: ☐ Income too high OR ☐ Incomplete application OR ☐ Invalid Food Stamp or TANF

Signature of Determining Official _____ Date_____
Signature of Confirming Official _____ Date_____