

Fee Waiver Application (Grades 7-12)

*Parents: Please read the official School Fees Notice on page 7 before completing the application!
All information on this application will be kept confidential.*

Name of student: _____ Student Number: _____

Address: _____

School: _____ Grade level: _____

Name of parent or guardian: _____ Phone Number: _____

Please check if applicable:
*(attach supporting documentation
for each category that applies)*

- Student is eligible based on income verification. *(see section D on the following page)*
- 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**

** Students who receive survivor benefits do not qualify 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 policies and/or guidelines for all 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 additional space, please attach a separate sheet)

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. *[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.]*

If you wish to have all applicable fees waived, please write "ALL" in the "Fee Description" column.

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

- If you wish to work or perform community service in lieu of a fee waiver, please check this box.
(Contact your school if you request community service as an alternative to fee waivers.)

Window for Application of Fee Waiver

- a. A parent/guardian must apply for a fee waiver within thirty (30) school days after the first day of school.
- b. A student who enters the school any time during the school year also has thirty (30) school days in which to apply for a fee waiver.
- c. A student whose family has a financial emergency caused by job loss, major illness or other substantial loss of income, has thirty (30) school days from the qualifying event in which to apply for a fee waiver. In this case only those fees assessed after application has been made will be waived. Fees paid previously will not be reimbursed.

Please send the completed application to the Principal or Assistant Principal at your student's school. 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 prove 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

Please mail or deliver to your school.

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 Income
			Job 1 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, 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.