

WAIVER OF SCHOOL FEES FOR INSTRUCTIONAL MATERIALS

Dear Parent:

If you or your child are currently receiving aid from Ohio Works First, Ohio's Disability Assistance Program, or other State or Federal government assistance program you may be eligible for a waiver of any fees associated with participation in a course of study. You may also be eligible if your family has experienced severe financial hardship due to illness, injury, or a catastrophic event such as fire or flood. (The waiver shall not apply for fees charged for participation in co-curricular or extra-curricular activities.)

If you believe you are eligible for this waiver please complete this form and return it promptly to _____ . If you have any questions, contact _____ at _____ .

I, _____ (parent or guardian) believe my child (please provide the name of each child you have in school) is eligible for waiver of fees.

(Name)

(Name)

(Name)

I voluntarily disclose the following information to enable the School District to determine eligibility for this waiver.

___ I currently receive funds from the State's Disability Assistance Program:

Case Number _____

___ I currently receive funds from the Ohio Works First Program:

Case Number _____

___ My child qualifies for free or reduced lunches under the National School Lunch Program:

Case Number _____

____ My child qualifies for free or reduced breakfasts under the Federal School Breakfast Program:

Case Number _____

____ My family has suffered significant financial losses due to the following reason(s):

Please attach a separate sheet of paper explaining your reasons if the explanation exceed the space provided. Also, please attach appropriate documentation for you stated reason(s).

Signature of Parent or Guardian

Date

2/08