

## **School Fee Waiver Form**

School	Un	it #	Cluster #	
I,, parent (or legal guardian (Parent's Name)				
, nereby (Student's Name and Date of Birth)	y request a waiver of			
fees for for	the period			
(Activity)	•			
from to because	e I am unable to afford to pa	y said fees.		
Family Size: Adults (over 18)	Children (under 18)	<u> </u>		
	, ,			
		Amanut		
		Amount (specify per month		
	Source	per year, etc.)		
Family income from all sources:				
	<u> </u>			
Number of children currently in school:				
	at ar frag lungh program:			
Number of children currently eligible for free breakfas				
Any factors or expenses temporarily affecting family i	ncome:			
Other (explain inability to pay fees):				
I certify that the above statements are true and correct	ct.			
Signature			Address	
S.g. ataro				
	_			
Print Name			Telephone	