

Stafford County Public Schools

Waiver or Fee Reduction Form

Instructions: Complete the top portion of this form and submit directly to *(PRINCIPAL)*

| | | | | | |
|---|--------------------------|---|--------------------------|----------------------------------|---------------------------------|
| Activity | | Fee | | Reduce: <input type="checkbox"/> | Waive: <input type="checkbox"/> |
| Student Name | | Teacher | | Student Number | |
| Parent/Guardian Name | | Parent/Guardian Signature | | | |
| I am requesting a reduction/waiver for this activity because we are receiving assistance under one or more of the following (mark appropriate box): | | | | | |
| Temporary Asst. for Needy Families (TANF) | <input type="checkbox"/> | Supplemental Nutrition Assistance Program | <input type="checkbox"/> | | |
| Supplemental Security Income (SSI) | <input type="checkbox"/> | Medicaid | <input type="checkbox"/> | | |
| Foster Families | <input type="checkbox"/> | Homeless | <input type="checkbox"/> | | |
| Other, please describe | | | | | |
| | | | | | |
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For School Use Only

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|-----------------------------------|---------------------|
| Waive Fee/Reduce Fee (circle one) | Reduced Fee Amount: |
| Administrator Name/Position | |
| Administrator Signature | |
| Date | |