

To: Pewaukee School District Parents
Requesting a Waiver of School Fees

From: John Gahan, Assistant Superintendent

RE: Student Fee Waiver

This letter is to confirm that you have requested to have your school fees for the 2018-2019 school year waived or reduced. Students that qualify for free and reduced priced lunches can have their student fees waived or reduced. You must complete an application for waiver of student fees and return it to the school. The application for waiver of fees does not automatically qualify you for the waiver. The school will then advise you if you're your student fees will be waived/reduced and how much you owe.

All parents must continue to pay all fees related to music instrument usage, courses fees, athletic fees, and fines for loss or damage of books.

**SCHOOL DISTRICT OF PEWAUKEE
APPLICATION FOR WAIVER OF STUDENT FEES**

The regular student fee, as defined in Board Policy 3100.04 may be waived for your child(ren). You must complete this application and return it to your school. We cannot approve an application that is not complete. Eligibility is based on your qualification for Free or Reduced price meals for your child(ren). Check the box below to indicate your desire to have the student fees waived or reduced. This waiver is effective for the current school year only.

Yes, I want to have the student fees for textbook usage and technology costs waived or reduced for my child(ren). I understand school officials may use information from my free and reduced priced meal application to determine whether my child(ren) is/are eligible for a waiver or reduction of school fees.

I understand that you will be releasing information from the application for free and reduced priced meals for my child(ren). I give up my rights to confidentiality for the purpose of determining eligibility for waiver of fee purpose only. I understand that I am not required to release this information. Its release is strictly voluntary on my part.

Student Information:

| Name: | Grade | School |
|-------|-------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I certify that I am the parent/guardian of the child(ren) for whom this application is being made.

| | |
|-------------------------------------|--------------|
| _____ | _____ |
| Signature of Adult Household Member | Printed Name |

Street, City, State, Zip Code

| | | |
|------------|------------|-------|
| _____ | _____ | _____ |
| Home Phone | Work Phone | Date |