



APPLICATION FOR  
FULL OR REDUCED FEE WAIVER

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Foster Child: Yes \_\_\_\_\_ No \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Name & SS# of Household Members	Gross Monthly Income Before Deductions		Any Other Monthly Income (Amount & Source)
	Job 1	Job 2	

I certify that all of the above information is true and correct and that all income is reported.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**INCOME TO REPORT**

**(Documents listed below must be provided with the completed waiver application)**

Earnings from Work: Wages/salaries/tips, strike benefits, unemployment compensation, Worker's Compensation, net income from self-employment

Welfare/Child Support/Alimony: Public assistance payments, welfare payments

Pension/Retirement/Social Security: Pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security

Other Income: Disability benefits, cash withdrawn from savings, interest/dividends, income from estates, trusts/investments, regular contributions from persons not living in household, net royalties/annuities/net rental income