

FEE WAIVER REQUEST FORM

Families who feel they may qualify for the Free & Reduced Lunch Program, based on family income, have the option to complete the school district's Fee Waiver Request Form. Free & Reduced lunch status is separate from Fee Waiver eligibility. Free & Reduced lunch status is only one criteria used to determine the appropriateness of a Fee Waiver Request. All requests are kept confidential. Return the completed Fee Waiver Request Form to one of the school offices or the District Office. Upon receipt of completed Fee Waiver Request Form and verification of Free & Reduced Lunch Program status, written notification will be mailed to families.

Did you complete a Free/Reduced Lunch Program Application -OR- did you receive a Direct Certification Notice? Yes No

Child's Name	Grade	Child's Name	Grade
1)		4)	
2)		5)	
3)		6)	

Fee Waiver Requests are reviewed on a case-by-case basis. Fee Waiver Requests are reviewed and may be approved by the District Office. In general, Fee Waivers will be considered for required core curriculum fees (math, English, science, social studies) such as class fees, course workbooks, etc. ***Please contact the appropriate building principal for Fee Waiver Requests related to extra/co-curricular and/or elective class fees (foods, tech ed), or for individual use item fees.***

Please check the fees that you are requesting to be waived:

Registration Fees K-12
 Milk Break Fee K-8
 Core Curriculum Class Fees K-12
 Field trip fees K-12
 Planner K-12
 Test Fees 9-12
 Special Classroom Fees (instrument fee/rental, Netbook insurance (laptop fee)) *

*** If the Netbook insurance (laptop fee) is waived, students will not be allowed to take the Netbook home.**

It is important to note that any fee that has been paid will not be refunded if a family should qualify for Free and Reduced Lunch after fees have been paid.

IMPORTANT: By signing this form you are giving permission for school officials to share information related to your Free and Reduced Meal status. If necessary, this information would be shared **ONLY** with the principal and/or office staff of the school your child is currently attending in the Howards Grove School District. Information shared would **NOT** include specific financial information, but would include qualifying status information only for the purpose of the school district's Fee Waiver Request option.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For questions or additional information, contact Chris Peterson, Superintendent at (920) 565-4454, or e-mail at cpeterson@hgsd.k12.wi.us.

Return completed Fee Waiver Request Form to: 403 Audubon Road, Howards Grove, WI 53083.

Do Not Write Below This Line - For District Office Use Only:

Fee Waiver Request Approved:	_____ Yes	_____ No
Signature of Superintendent	_____ Date	
Reason Fee Waiver is <u>not</u> approved:		

Parent/Guardian Notified	_____ Date	_____ Initials

This institution is an equal opportunity provider