

**FEE WAIVER APPLICATION (GRADES 7-12 )**  
**Please read the School Fees Notice before completing the application!**  
**All information on this application will be kept confidential**

**SECTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER.**

Name of student: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade level: \_\_\_\_\_  
 Name of parent or guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please check if applicable: (attach supporting documents for each category that applies)

- \_\_\_\_\_ Student is eligible based on income verification. (See Section D, Page 2 of 2)
- \_\_\_\_\_ Student receives (SSI)\* Supplemental Security Income (QUALIFIED CHILD WITH DISABILITIES)
- \_\_\_\_\_ Family receives TANF (currently qualified for financial assistance or food stamps)
- \_\_\_\_\_ Student is in Foster Care (under Utah or local governmental supervision)
- \_\_\_\_\_ Student is in State Custody

**\*Please note: Students who receive Survivor Benefits Do Not Qualify for the SSI category listed above.**

Parent(s)/guardian(s) shall provide income eligibility documentation in the form of income tax returns or current pay stubs demonstrating compliance with requirements consistent with state law and school district policies and/or guidelines for all of the above qualifiers.

If none of the above apply but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees identified will be waived. **Please note that costs for yearbooks, class rings, letter jackets, school pictures, and similar items are not fees and will not be waived.** Students may be required to pay fees for concurrent enrollment or advanced placement courses. The portion of the fees related specifically to college or post-secondary grades or credit is not subject to fee waiver.

Fee Description	Amount	Fee Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please give this application to the Principal, Assistant Principal, or the School Fee Counselor when you have finished filling it out.** All fee payments will be suspended until the school has determined if your student is eligible for fee waivers. You will then be given a written notice of that decision. **The school shall require you to present proof of eligibility.** State law requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." State law also requires that school districts provide alternatives in lieu of fee waivers, "to the fullest extent reasonably possible according to individual circumstances of both fee waiver applicant and school," consistent with local board policies and/or guidelines which may include tutorial assistance to other students, assistance before or after school to teachers and other school personnel on school related matters, and general community or home service. If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

**I HEREBY CERTIFY THAT THE INFORMATION AND DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
 PARENT'S OR GUARDIAN'S SIGNATURE

**FEE WAIVER DECISION AND APPEAL FORM**

To the parent or legal guardian of \_\_\_\_\_

\_\_\_\_\_ Your application for fee waivers has been approved.

Your application for fee waivers has been denied because:

\_\_\_\_\_ Your child does not appear to qualify under any of the eligible categories.

\_\_\_\_\_ We don't have enough information to decide if your child qualifies for fee waivers.

Please provide us with the information requested below or call (name) \_\_\_\_\_

at (number) \_\_\_\_\_ as soon as possible so that we can complete work on your application.

\_\_\_\_\_ Explanations or other reasons for denial: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of school employee)

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**PARENTAL APPEAL RIGHTS**

**IF YOU DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL.** To appeal, send a letter (or the Notice of Appeal form printed at the bottom of this page) to the school principal, explaining why you disagree with this decision. Include your name, your child's name, and the date. **YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE.** *Keep a copy of the appeal for your records.* A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the school district's School Fees Appeals Policy containing a complete statement of policies and procedures for appeals. **ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.**

**NOTICE OF APPEAL**

I, (give your name) \_\_\_\_\_ wish to appeal the decision regarding my application for school fee waivers for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My child's name is** \_\_\_\_\_

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

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

(Signature of the person submitting the appeal)

**Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.)**

**LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.**

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12

**The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.**

NAME Last	First	M.I. (also known as)	Earnings from work (before deductions)	Pension/Retirement Social Security	Welfare, alimony child support	Other income 2nd job, etc.	Total by Adult Monthly
			Job 1 Monthly	Monthly	Monthly	Monthly	Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household \_\_\_\_\_

**Section C. EXAMPLES OF INCOME**

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

**Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2014 to June 30, 2015**

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$15,171	\$1,265	\$633	\$584	\$292
2	\$20,449	\$1,705	\$853	\$787	\$394
3	\$25,727	\$2,144	\$1,072	\$990	\$495
4	\$31,005	\$2,584	\$1,292	\$1,193	\$597
5	\$36,283	\$3,024	\$1,512	\$1,396	\$698
6	\$41,561	\$3,464	\$1,732	\$1,599	\$800
7	\$46,839	\$3,904	\$1,952	\$1,802	\$901
8	\$52,117	\$4,344	\$2,172	\$2,005	\$1,003
For each additional family member, add:	\$5,278	\$440	\$220	\$203	\$102

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care, provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department.

This form and all supporting documents will be destroyed after the approval process is complete.

## **Family Educational Rights and Privacy Act (FERPA)**

Family Policy Compliance Office (FPCO) Home

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.

Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-8520