



## **FEE WAIVER APPLICATION FORM**

(Please fill out this form along with Attachment L-Sharing Information with Other Programs **per child** for application to be submitted)

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Description of the fee to be waived:

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

Cost of fee:

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

If approved, I understand this waiver is for the fee only. I know that my student and I are responsible for the costs associated with the property of Springfield Platteview Community Schools if damage should occur.

Parent Name: \_\_\_\_\_

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

### **FOR DISTRICT OFFICE USE ONLY**

Approved

Denied

Amount Approved: \_\_\_\_\_ Request was denied due to the following: \_\_\_\_\_  
District Office Administrator: \_\_\_\_\_ Date: \_\_\_\_\_