

## Request for Waiver of School Fees

Dear Parent/Guardian:

You do not have to complete the form below to get free and reduced price meals. However, you do have to complete it to receive the benefit of full or partial waiver of school fees.

If your student is eligible for free or reduced meal benefits, the Trenton Special School District will not charge fees for him/her to participate in activities for which other students are charged, as established by Board policy 6.709.

Sincerely,

\_\_\_\_\_  
*Director of Schools*  
*Trenton Special School District*

\_\_\_\_\_  
*Date*



To be eligible for these benefits, you are required to check the benefits you wish to receive and sign the following permission:

\_\_\_\_\_ I want my student's fees waived for activities and supplies, as established by Board policy 6.709 — *Student Fees, Fines and Purchases*

\_\_\_\_\_ I want my student's fees waived, but I wish to make partial payment when possible.

I understand that I will be releasing information that will show that I am applying for free and reduced price benefits under the national school lunch program. School officials may verify all information used to determine my student's free or reduced price lunch eligibility. If my social security number is included on the application, it may only be used by the Board of Education in this verification process. I give up my rights to confidentiality for these purposes only.

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

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Parent/Guardian*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Teacher*

**Approved by school staff for fee waiver** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**