

Fee Waiver Application

2023-24 SCHOOL YEAR

Parent or Guardian: Please complete this form and return it the District Office, attn: Brittany Altendorf, with an explanation stating the reason for your request. Applications without an explanation will not be processed. **Clearly print the name and grade of all students for whom application is made.** Only students listed on this form will be considered for a fee waiver. It is important to list all students for whom you wish to have fees waived. You will be contacted via email with the status of your application.

STUDENT INFORMATION		
Name	Grade	School
Name	Grade	School
Name	Grade	School
Name	Grade	School
Name	Grade	School

PARENT/GUARDIAN INFORMATION

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

Please note, not all fees are waivable.
Such fees include but are not limited to:

- Technology fee
- AP testing
- Yearbook cost
- Parking permit
- College-credit course

If you have questions regarding eligible fees, please contact your child's school.

By checking this box I authorize the School Food Authority to share with the Fee Waiver Program information regarding my lunch status.

STATEMENT OF REASON

Please indicate the reason for consideration for waiving of fees:

By submitting this form, you hereby certify that all of the information submitted is true and correct, that school officials may request verification of information provided, and you have included an explanation stating the reason for our request. Email completed form to baltendorf@gsdwi.org.

Administrator's Signature	Date	Approved Denied
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