

## 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 the 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 and approved by the Superintendent. In general, Fee Waivers will be considered for required core curriculum class fees (math, English, science, social studies), course workbooks, etc. Contact the appropriate building principal for Fee Waiver Requests related to extra/co-curricular and/or elective class fees (art, foods, tech ed, etc.), or for individual use item fees.

**Mark the fees listed below that you are asking to have waived:**

- |  |  |
|--|--|
| <input type="checkbox"/> Registration Fees K-12<br><input type="checkbox"/> Field trip Fees K-12<br><input type="checkbox"/> Core Curriculum Class Fees K-12<br><input type="checkbox"/> Chromebook Insurance (for school issued device) | <input type="checkbox"/> Test Fees 9-12<br><input type="checkbox"/> Special Classroom Fees K-8<br><input type="checkbox"/> Milk Break Fees K-8 |
|--|--|

**Refunds will not be made for any fees that are paid prior to the approval of Free and Reduced Lunch applications and/or Fee Waiver request applications.**

**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 Shannon Kilton, Superintendent at (920) 565-4454, or e-mail at [skilton@hgtigers.com](mailto:skilton@hgtigers.com)

**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:**

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

**This institution is an equal opportunity provider.**