Gloucester County Public Schools
Application for Waiver or Reduction of Student Fees

School Name: __________________________ Date: __________________________

Note: You will need to complete one application per school. Please use the back of the form if additional space is needed for student names. Please complete this form online, print and sign the form and return to school with your student. You may also print the form and complete in your own legible handwriting.

Student Name: __________________________ Grade: __________________________

Student Name: __________________________ Grade: __________________________

Student Name: __________________________ Grade: __________________________

Student Name: __________________________ Grade: __________________________

Student Name: __________________________ Grade: __________________________

I am requesting a [ ] waiver or a [ ] reduction (50%) of the following fees: (Please check one)

[List Fees]

For the above listed student(s) on the basis that my family is experiencing or is (check all that apply and attach confirming documentation).

☐ Financial Hardship (receiving unemployment benefits or public assistance, including Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), Supplemental Security Income (SSI), or Medicaid)

☐ A foster family caring for children in foster care

☐ Homeless

☐ Other, please specify

Parent/Legal Guardian Name (print): __________________________

Signature: __________________________

Relationship to Student: __________________________

Phone Number: __________________________

For internal use only:

_____ Approved  _____ Denied  _____ Initials

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