

## 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