

Fee Waiver Application

Grades 7-12



- Please read the School Fees Notice (Grades 7-12) before completing this Application!
- If a school receives verification that a student is eligible for fee waiver, all fees must be waived for that student.
- All information on this application will be kept confidential.

Student Information:

Name of student: _____ Student #: _____
 Address: _____
 School: _____ Grade level: _____
 Name of parent: _____ Phone number: _____

Basis for Fee Waiver:

Please check the eligibility that applies: (only 1 is needed)		Verification to submit: *
<input type="checkbox"/>	1. Family receives TANF/FEP (Temporary Assistance for Needy Families or Family Employment Program) (financial assistance or food stamps)	• benefit verification from the Utah Department of Workforce Services for the period for which the fee waiver is sought which may be in the form of an electronic screenshot of eligibility determination or status.
<input type="checkbox"/>	2. Student receives Supplemental Security Income (SSI, QUALIFIED CHILD WITH DISABILITIES)	• benefit verification documents from the Social Security Administration.
<input type="checkbox"/>	3. Student qualifies for McKinney-Vento.	• verified through the district or charters McKinney-Vento Liaison.
<input type="checkbox"/>	4. Student is in Foster Care (under Utah or local governmental supervision)	• the youth in care required intake form and school enrollment letter, provided by a case worker from the Utah Division of Child and Family Services or the Utah Juvenile Justice Department.
<input type="checkbox"/>	5. Student is in State Custody	
<input type="checkbox"/>	6. Student is eligible based on family/household income verification. Total Household Members: _____ Total Household Income: \$ _____	• family income verification in the form of income statements, pay stubs, or tax returns. (Please complete page 2.)

*Please note: The school may require you to provide verification of eligibility. Please attach your verification documentation to this form when you give this application to your school. The only exception is eligibility for McKinney-Vento.

If none of the above apply but you wish to apply for fee waivers because of other extenuating circumstances, please state the reason(s) for the request: _____

(Please attach an additional page if needed.)

Please give this application to the Principal/School Director or School Fee Administrator when it is complete. All fee payments will be suspended until the school has decided if your student is eligible for fee waivers. You will then be given notice of the decision. If your student is eligible for a waiver, the school cannot require you to complete service, agree to an installment payment plan, or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND ATTACHED DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ PARENT'S SIGNATURE: _____



COMPLETE THIS PAGE ONLY IF OPTION #6 WAS SELECTED UNDER THE BASIS FOR FEE WAIVER SECTION

INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS:

(Required for students who do not qualify based on a special category.)

Household income is determined by adding all household income from all sources and then comparing it to the number of people in the household. A household is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit. This means they generally reside in the same house and share expenses such as rent, utilities and food.

List all income before deductions in the appropriate column(s).

Name:		Earnings from Work (before deductions)	Pension/Retirement Social Security	Welfare, Alimony, Child Support, Other Income	Total Per Person
Last	First	Middle Initial	Monthly Income	Monthly Income	Total Monthly Income
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$

EXAMPLES OF INCOME:

Earnings from Work	Pension/Retirement, Social Security	Welfare, Alimony, Child Support	Other Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security income (including SSI a child receives)	*TANF payments*, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

Receipt of TANF assistance automatically qualifies one for fee waiver eligibility. No further proof of income is needed. Please review Basis for Fee Waiver section and submit application under TANF eligibility.

INCOME ELIGIBILITY GUIDELINES

For School Year:

July 1, 2021 - June 30, 2022

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
For each additional family member, add:	5,902	492	246	227	114



Fee Waiver Decision and Appeal Form



To the parent of: _____

Your application for fee waiver has been:

☐ Approved - ALL fees will be waived for the _____ school year.

☐ Denied - for the following reason:

☐ Your child does not qualify under any of the eligible categories.

☐ You have not provided the documentation necessary to determine if your child qualifies for fee waivers.

☐ Other: _____

Signed: _____ Date: _____

(Signature of school employee)

Parental Appeal Rights:

IF YOU DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL. To appeal, send a letter (or the Notice of Appeal form printed at the bottom of this page) to the principal/charter school director, explaining why you disagree with this decision. Include your name, your child's name, and the date. **YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE.** *Keep a copy of the appeal for your records.* A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the districts'/charter schools' Fee Waiver Appeals Policy containing a complete statement of policies and procedures for appeals.

ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.

Notice of Appeal:

I, _____ wish to appeal the decision regarding my application for school fee waivers for the following reasons: _____

My child's name is: _____

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

Date: _____

(Signature of person submitting the appeal)

School Contact: _____ Phone Number: _____

