



APPLICATION FOR
FULL OR REDUCED FEE WAIVER

Student's Name: _____ School: _____ Grade _____

Foster Child: Yes _____ No _____

Head of Household Name: _____

Name & SS# of Household Members	Gross Monthly Income Before Deductions		Any Other Monthly Income (Amount & Source)
	Job 1	Job 2	

I certify that all of the above information is true and correct and that all income is reported.

Signature _____ Date: _____

Home Telephone Number: _____ Work Telephone Number: _____

Street Address: _____

Mailing Address: _____

INCOME TO REPORT

(Documents listed below must be provided with the completed waiver application)

Earnings from Work: Wages/salaries/tips, strike benefits, unemployment compensation, Worker's Compensation, net income from self-employment

Welfare/Child Support/Alimony: Public assistance payments, welfare payments

Pension/Retirement/Social Security: Pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security

Other Income: Disability benefits, cash withdrawn from savings, interest/dividends, income from estates, trusts/investments, regular contributions from persons not living in household, net royalties/annuities/net rental income