

**LOUDOUN COUNTY PUBLIC SCHOOLS
APPLICATION FOR REDUCTION OR WAIVER OF FEES**

THIS INFORMATION ON THIS FORM IS CONFIDENTIAL AND WILL BE REVIEWED BY THE PRINCIPAL OR PRINCIPAL'S DESIGNEE AT YOUR CHILD'S SCHOOL.

SCHOOL: _____

I am requesting a waiver or reduction of fees for the following:

ACTIVITY (Parking, field trip, athletics, Virtual Loudoun, etc.): _____

*Reason for request: (If you need additional space for justification on this request, you may attach it to this form.)

Student's Name (please print)

Student ID

Grade

Home Address (Please Print)

City and State (Please Print)

Zip Code

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

**The reduction or waiver of fees may be provided for economically disadvantaged students and students whose families are undergoing economic hardship(s). This may include, but is not limited to, families receiving unemployment benefits, public assistance, foster families caring for children in foster care, or families that are homeless.*

For Office Use Only:

Fee: _____ Waived _____ Reduced to: \$ _____

Principal Signature