

Loudoun County Public Schools

Application for Reduction or Waiver of Fees

The 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 _____	Zip Code _____
Signature of Parent/Guardian _____	Printed Name of Parent/Guardian _____	

Reduction of Waiver of Fees. Fees and charges will be reduced or waived for economically disadvantaged students and students whose families are undergoing economic hardships and are unable to pay including, but not limited to, families receiving unemployment benefits or public assistance such as Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, families qualifying for the Free and Reduced Price Meal Program, Supplemental Security Income or Medicaid; foster families caring for children in foster care; or, families that are homeless under the McKinney-Vento Act.

For Office Use Only:

Fee status:

Waived Reduced Amount (\$):

Principal Signature* (Required) Please send to the level director.

_____ Date _____

Director Signature _____ **Date** _____