

Application for Reduction or Waiver of Fees 2023-2024

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:

_____ AP test _____ Graduation _____ Virtual Loudoun
_____ Parking fee _____ Behind the Wheel _____ Summer Credit Recovery Tuition
_____ Field trip* (please include Teachers name, location of field trip and amount in below field)
_____ Other*

* _____

Reason for request: (If you need additional space for justification on this request, you may attach it to this form). Reference Regulation 4020-REG _____

For Parent/Guardian to Complete

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 or 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)

_____ Date _____