

Loudoun County Public Schools

Application for Reduction or Waiver of Fees 2019-2020 SY

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 Field trip Other*
 Summer Credit Recovery Tuition

*

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

| | | |
|-------------------------------|---------------------------------|----------|
| 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) Please send to the level director.

_____ Date _____