

# Loudoun County Public Schools

## Application for Reduction or Waiver of Fees 2018-19 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 \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_