FEE WAIVER APPLICATION (GRADES K-6)

Please read the School Fees Notice before completing this Application!

No elementary school child may be charged for anything that takes place or is used during the regular school day. That includes textbooks, classroom equipment and supplies, musical instruments, field trips, assemblies, and snacks which are not part of the school lunch program. Fees can only be charged for programs which take place before or after school or during school vacations (or for things used in those programs). But all of those fees must be waived for eligible children. Fees may be charged to students in sixth grade only if the student attends a school that includes one or more 7-12 grades.

All information on this application will be kept confidential

SECTION A. STUDENT I		SIS FOR FEE WAIVER. Student #:			
Address:					
School:		Grade level:			
Name of parent or guardian:		Phone num	ıber:		
Please check if applicable: (a	tach supporting documents	s for each category that applies)			
Student receives Family receives	s (SSI)* Supplemental Secu TANF (currently qualified ster Care (under Utah or lo	ation. (See Section D, Page 2 of 2) arity Income (QUALIFIED CHILD for financial assistance or food star cal governmental supervision)			
*Please note: Stude	nts who receive Survivor I	Benefits Do Not Qualify for the SSI	category listed above.		
	th requirements consistent	cumentation in the form of income t with state law and school district/ch			
problems, please state the rea	son(s) for the request:	waivers or other help with school f			
Please check the school fee waivers, all of those fees will	schedule and list all fees be waived. Costs for lost ees and will not be waived	ease continue on the back of this parthat you wish to have waived. If tor damaged school property or f. If you wish to have all applicable.	your student is eligible for fee for school pictures, yearbooks,		
Fee Description	Amount	Fee Description			
payments will be suspended given notice of the decision districts to require DOCUMI will have policies and/or guid	I until the school has deci The school shall requir ENTATION of fee waiver delines for determining req	Director or School Fee Coordinator ided if your student is eligible for re you to prove eligibility. State eligibility if parent "applies for fee uired documentation for eligibility to agree to an installment payment provided to the coordinate of	when it is complete. All fee fee waivers. You will then be law requires schools or school waivers." Local/charter boards for fee waivers. If your student		
AND CORRECT TO THE	BEST OF MY KNOWL	N AND DOCUMENTATION I I EDGE AND BELIEF. I ALSO LEASE TO OBTAIN INFORM	GIVE SCHOOL OFFICIALS		
DATE:					
USBE 4/14/17		GUARDIAN'S SIGNATURE			

Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.) LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12

The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.

NAME			Earnings from work	Pension/Retirement	Welfare, alimony	Other income	Total by Adult
Last	First	M.I.	(before deductions)	Social Security	child support	2nd job, etc.	Monthly
		(also known	·				
		as)	Job 1 Monthly	Monthly	Monthly	Monthly	Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7	·	•	\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household _____

Section C. EXAMPLES OF INCOME

Earnings from Work	Pension/Retirement	Welfare, Alimony	Other
	Social Security	Child Support	Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; interest & dividends; income from estates, trusts, and investments, regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2017 to June 30, 2018

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
For each additional family member, add:	5,434	453	227	209	105

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department. This form and all supporting documents will be destroyed after the approval process is complete.