

APPLICATION FOR WAIVER OR REDUCTION OF CERTAIN STUDENT FEES 2020-21

Parents/guardians of students of the LeMars Community School District might be eligible for waiver of certain student fees or a reduction in the amount of these fees. In order to be considered for waiver or reduction, YOU MUST COMPLETE THIS APPLICATION AND SUBMIT IT TO THE PRINCIPAL'S OFFICE WHEN YOU REGISTER YOUR CHILD(REN).

STEP 1 Contact Information and Adult Signature

Parent/ Guardian Name: _____
Print Name Signature

_____ City Zip
Street

_____ Date Telephone Number

STEP 2 List ALL Children Attending LeMars Community Schools

NAME	GRADE	SCHOOL ATTENDING

STEP 3 Only the following fees are eligible to be considered for waiver or reduction. You must select those items below for which you desire to be considered.

- | | |
|---|--|
| <input type="checkbox"/> Textbook rental (\$35.00 PK-12)
<input type="checkbox"/> H.S. Band (\$15.00)
<input type="checkbox"/> Orchestra (\$15.00)
<input type="checkbox"/> 9-12 Vocal Music (\$15.00)
<input type="checkbox"/> 7-8 Band (\$15.00)
<input type="checkbox"/> Instrument Rent (\$75 per year) | <input type="checkbox"/> 9-12 Art (\$10.00 per class)
<input type="checkbox"/> 9-12 Trades & Industries (\$10.00 per class)
<input type="checkbox"/> City Bus (\$50 per semester/\$30 per quarter)
<input type="checkbox"/> K-2 Milk (\$40 per semester/\$70 per year)
<input type="checkbox"/> PK Milk/Snack (\$55 per semester/\$100 per year)
<input type="checkbox"/> Percussion Rent (\$50 per year) |
|---|--|

STEP 4 Do any Household Members (including you) currently participate in one or more of the following assistance programs: Food Assistance, FIP, or FDPIR? ___ No ___ Yes (complete the case number and name below)

Case Number: _____ - ____ - ____ - ____ Name of Household Member with Case Number: _____

STEP 5 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 4.)

List the name of everyone living in your household. For FOSTER children, include only money available for child's personal use or child's own income.			Gross income (before taxes): Report income by how often the household member is paid.				Other Monthly Payments or Income Received		
Name	Age	Check if NO Income	Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income
1.									
2.									
3.									
4.									
5.									
6.									

OFFICE USE ONLY: ___ Approved Free ___ Approved Reduced ___ Denied