FEE WAIVER APPLICATION (GRADES 7-12)

Please read the School Fees Notice before completing the application!
All information on this application will be kept confidential

CTION A: STUDENT INFORMATION AND BASIS FOR FEE WAIVER. ame of student: Student Number:						
Address:	,	Student Namber				
School:	Grade level:					
Name of parent or guardian:	rdian: Phone number:					
Student receives (SSI)* St	on income verificat applemental Securi rrently qualified fo (under Utah or loca	tion (See Section D, Page 2 of 2). ity Income (QUALIFIED CHILD WITH r financial assistance or food stamp	DISABILITIES). s).			
*Please note: Students who	receive Survivor B	enefits Do Not Qualify for the SSI c	ategory listed above.			
Parents or guardians shall provide is stubs demonstrating compliance with the above qualifiers.						
If none of the above apply but you financial problems, please state the			hool fees because of serious			
(If you nee	ed more space, ple	ase continue on the back of this pa	ge)			
Please check the school fee schedu waivers, all of those fees identified school pictures, and similar items a concurrent enrollment or advanced secondary grades or credit is not su	will be waived. Pare not fees and value placement course	lease note that costs for yearbool will not be waived. Students may so. The portion of the fees related s	ks, class rings, letter jackets, be required to pay fees for			
Fee Description	Amount	Fee Description	Amount			
Please give this application to the Filling it out. All fee payments will waivers. You will then be given a veligibility. State law requires schoomust "apply for fee waivers." State the fullest extent reasonably possib consistent with local board policies a before or after school to teachers a home service. If your student is eligiplan or sign an IOU in place of a wait I HEREBY CERTIFY THAT THE INFORMATION DECESSARIANTES.	I be suspended un written notice of the last or school distriction and also requires the according to including guidelines wand other school public for a waiver, the last of	atil the school has determined if you hat decision. The school shall requise to require DOCUMENTATION of hat school districts provide alternatividual circumstances of both fee which may include tutorial assistance tersonnel on school related matterne school cannot require you to agricum the you to agricum the your the you	our student is eligible for fee uire you to present proof of fee waiver eligibility if parent tives in lieu of fee waivers, "to waiver applicant and school," a to other students, assistance is, and general community or see to an installment payment STRUE AND CORRECT TO THE			
	PARENT'S O	R GUARDIAN'S SIGNATURE				

Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBER'S (Required for students who do not qualify based on a special category.) LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMNS 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 NAME	Eamings from work				Total by Adult
First Action ML	(before deductions)		child support	2nd job, etc.	Monthly
First M.L. (also known as)	Job 1 Monthly	Monthly	Monthly	Monthly	Income : Francisco
1	\$ i	\$	\$	\$	\$
2	<u>s</u>	\$	\$	\$	\$
3	\$	\$	\$.	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
6	\$	\$	\$	\$	\$
7	\$	\$	\$	\$	\$
8	\$ i	S	\$	S	\$

Total number of ALL PEOPLE living in household

Section C. EXAMPLES OF INCOME

Earnings from Work	Pension/Retirement Social Security	Welfare, Alimony Child Support	Other 2.
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, 2019 to June 30, 2020

Household Size, *	Yearly 🗒 🛪 🕽 🚉	For So Monthly Later 2	Twice Per Month	Every/Two Weeks ル	💢 🤃 Weekly 🗀 😼
1	16,237	1,354	677	625	313
2	21,983	1,832	916	846	423
3	27,729	2,311	1,156	1,067	534
4	33,475	2,790	1,395 ~	1,288	644
5	39,221	3,269	1,635	1,509	755
6	44,967	3,748	1,874	1,730	865
7	50,713	4,227	2,114	1,951	976
8	56,459	4,705	2,353	2,172	1,086
For each additional family member, add:	5,746	479	240	221	111

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.

USBE 05/01/19

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