

Fee Waiver Application

Grades 7-12



- Please read the School Fees Notice (Grades 7-12) before completing this Application!
- If a school receives verification that a student is eligible for fee waiver, all fees must be waived for that student.
- All information on this application will be kept confidential.

Student Information:

Name of student: _____ Student #: _____

Address: _____

School: _____ Grade level: _____

Name of parent: _____ Phone number: _____

Basis for Fee Waiver:

Please check the eligibility that applies: (only 1 is needed)		Verification to submit: *
<input type="checkbox"/>	1. Family receives TANF/FEP (Temporary Assistance for Needy Families or Family Employment Program) (financial assistance or food stamps)	• benefit verification from the Utah Department of Workforce Services for the period for which the fee waiver is sought which may be in the form of an electronic screenshot of eligibility determination or status.
<input type="checkbox"/>	2. Student receives Supplemental Security Income (SSI, QUALIFIED CHILD WITH DISABILITIES)	• benefit verification documents from the Social Security Administration.
<input type="checkbox"/>	3. Student qualifies for McKinney-Vento.	• verified through the district or charters McKinney-Vento Liaison.
<input type="checkbox"/>	4. Student is in Foster Care (under Utah or local governmental supervision)	• the youth in care required intake form and school enrollment letter, provided by a case worker from the Utah Division of Child and Family Services or the Utah Juvenile Justice Department.
<input type="checkbox"/>	5. Student is in State Custody	
<input type="checkbox"/>	6. Student is eligible based on family/household income verification. Total Household Members: _____ Total Household Income: \$ _____	• family income verification in the form of income statements, pay stubs, or tax returns. (Please complete page 2.)

*Please note: The school may require you to provide verification of eligibility. Please attach your verification documentation to this form when you give this application to your school. The only exception is eligibility for McKinney-Vento.

If none of the above apply but you wish to apply for fee waivers because of other extenuating circumstances, please state the reason(s) for the request: _____

(Please attach an additional page if needed.)

Please give this application to the Principal/School Director or School Fee Administrator when it is complete. All fee payments will be suspended until the school has decided if your student is eligible for fee waivers. You will then be given notice of the decision. If your student is eligible for a waiver, the school cannot require you to complete service, agree to an installment payment plan, or sign an IOU in place of a waiver.

I HEREBY CERTIFY THAT THE INFORMATION AND ATTACHED DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ PARENT'S SIGNATURE: _____



COMPLETE THIS PAGE ONLY IF OPTION #6 WAS SELECTED UNDER THE BASIS FOR FEE WAIVER SECTION

INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS:

(Required for students who do not qualify based on a special category.)

Household income is determined by adding all household income from all sources and then comparing it to the number of people in the household. A household is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit. This means they generally reside in the same house and share expenses such as rent, utilities and food.

List all income before deductions in the appropriate column(s).

Name:			Earnings from Work (before deductions)	Pension/Retirement Social Security	Welfare, Alimony, Child Support, Other Income	Total Per Person
Last	First	Middle Initial	Monthly Income	Monthly Income	Monthly Income	Total Monthly Income
1			\$	\$	\$	\$
2			\$	\$	\$	\$
3			\$	\$	\$	\$
4			\$	\$	\$	\$

EXAMPLES OF INCOME:

Earnings from Work	Pension/Retirement, Social Security	Welfare, Alimony, Child Support	Other 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

Receipt of TANF assistance automatically qualifies one for fee waiver eligibility. No further proof of income is needed. Please review Basis for Fee Waiver section and submit application under TANF eligibility.

INCOME ELIGIBILITY GUIDELINES

For School Year:

July 1, 2021 - June 30, 2022

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,006	1,003
8	58,058	4,839	2,420	2,233	1,117
For each additional family member, add:	5,902	492	246	227	114



Solicitud de Exoneración de Cuotas (Grados 7-12)



- ¡Lea el Aviso de Cuotas Escolares (grados 7-12) antes de completar esta solicitud!
- Si una escuela verifica que un estudiante es elegible para la exención de cuotas, todas las cuotas para dicho estudiante deben ser exoneradas.
- Toda la información en esta solicitud se mantendrá confidencial.

INFORMACIÓN DEL ESTUDIANTE:

Nombre del estudiante: _____ No. del estudiante: _____

Dirección: _____

Escuela: _____ Grado: _____

Nombre del padre/madre o guardián: _____ No. de teléfono: _____

BASE PARA LA EXENCIÓN DE CUOTAS:

Sírvese marcar el criterio de elegibilidad aplicable (sólo necesita 1)*		Verificación que debe presentar:
<input type="checkbox"/>	1. La familia recibe TANF/FEP (o Asistencia Temporal para Familias Necesitadas o Programa de Empleo Familiar) (Asistencia Financiera o Estampillas para Comida)	• Verificación de beneficios del Department of Workforce Services de Utah para el período durante el cual se solicita la exención de cuotas, que puede ser en forma de una captura de pantalla electrónica de la determinación de elegibilidad o condición.
<input type="checkbox"/>	2. El estudiante recibe Ingreso Suplementario del Seguro Social (SSI, NIÑO CALIFICADO CON DISCAPACIDADES)	• Documentos de verificación de beneficios de la Administración del Seguro Social.
<input type="checkbox"/>	3. El estudiante está en cuidados del estado (bajo supervisión del estado de Utah o de una jurisdicción local)	• El/la joven bajo cuidado requirió el formulario de admisión y la carta de inscripción escolar, proporcionada por un trabajador social de la División de Servicios para Niños y Familias de Utah o el Departamento de Justicia Juvenil de Utah.
<input type="checkbox"/>	4. El estudiante está en custodia del estado	
<input type="checkbox"/>	5. El estudiante es elegible en base verificación de su ingreso familiar/hogar. Total de miembros del hogar: _____ Ingresos totales del hogar: \$ _____	• verificación de ingresos familiares en forma de declaraciones de ingresos, recibos de pago o declaraciones de impuestos. (Ver página 2.)

* Tenga en cuenta: la escuela requerirá que proporcione una verificación de elegibilidad. Adjunte su documentación de verificación a este formulario cuando entregue esta solicitud a su escuela.

Si no son aplicables ninguno de los criterios anteriores, pero desea solicitar una exención de cuotas debido a otras circunstancias atenuantes, indique los motivos de su solicitud: _____

(Sírvese adjuntar una página adicional si es necesario.)

Una vez completada, entregue esta solicitud al Director de la Escuela o al Administrador de Cuotas Escolares. Todos los pagos de cuotas se suspenderán hasta que la escuela decida si su estudiante es elegible para una exención de cuotas. La decisión le será notificada posteriormente. Si su estudiante es elegible para una exención, la escuela no puede exigirle el servicio completo, que acepte un plan de pago a plazos o que firme un pagaré en lugar de una exención.

CERTIFICO QUE LA INFORMACIÓN Y DOCUMENTACIÓN ADJUNTA QUE HE PROPORCIONADO ES VERDADERA Y CORRECTA A MI MEJOR CONOCIMIENTO.

FECHA: _____ FIRMA DEL PADRE/MADRE O GUARDIÁN: _____

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