

Mesa Public Schools
REQUEST FOR WAIVER/REDUCTION
OF STUDENT FEE OR MATERIAL USAGE CHARGE

Student Name _____ **School** _____

Home Address _____

Home Telephone _____ Student ID No. _____

Parent's Name _____ **Occupation** _____

Employer _____ Work Phone _____

Parent's Name _____ **Occupation** _____

Employer _____ Work Phone _____

Request

Identify the Extracurricular Activity Fee or Material Usage Charge: _____

Please explain why the fee or usage charge should be waived or reduced: _____

Completed Financial Questionnaire attached, if required. Yes No

I hereby certify and warrant the truth and accuracy of the above information and authorize the school, or investigative agency engaged by the school, to obtain information concerning my credit and financial responsibility.

Parent's Signature

Date

-----*Below to be completed by school*-----

Fee Schedule

Amount to be paid per month _____ Number of months to pay _____

Total amount to be paid _____ Amount of fee to be waived _____

Administrator's Signature

Date