



TITLE:
Request for Waiver/Reduction of Student Fee or
Material Usage Charge

FORM: JN-F(1)

updated 8/6/2020

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