

# Application to Waive Fees - Platteville School District

## Children in School

Names of children in school	School Name	Grade	Check if applicable
			Foster child ___ Migrant ___ Homeless ___
			Foster child ___ Migrant ___ Homeless ___
			Foster child ___ Migrant ___ Homeless ___
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			Foster child ___ Migrant ___ Homeless ___
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## Total Household Gross Income/Gross income & sources: how much and how often

List names in household	Work earnings before deductions	Welfare, alimony, child support	Pensions, Social Security	All other income
Example: Jane Smith	\$200 / weekly	\$100 / weekly	\$200 / monthly	\$0 /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
Household Total:	\$ /	\$ /	\$ /	\$ /

## Official Office Use Only/Principal check as applicable:

Waiver status/Signatures:

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied

Principal \_\_\_\_\_

Admin \_\_\_\_\_

This is confidential information exclusively for use by the school officials to determine waiver eligibility.

*The Platteville School District shall not discriminate on the basis of age, race, religion, sex, sexual orientation, marital/parental status, national origin, or disability.*

## Attest: Parent/Guardian must complete

*I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the fee will be reinstated and that I may be prosecuted.*

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_