

**MADISON COUNTY SCHOOLS
APPLICATION FOR WAIVER OF FEES OR REDUCED FEE PAYMENT
FOR GRADES 9-12**

Name of Child _____ School Attended _____ Grade _____

Last Name	First Name	
List all courses enrolled this year	List Fee Required (if any)	Check fee(s) you are Requesting to be waived
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

TO BE COMPLETED BY FEE WAIVER COMMITTEE:

Approved List Approved Reduced List Denied

Reason for denial

_____ Income too high

_____ Incomplete application

_____ Other: _____

HOUSEHOLD MEMBERS: List the names and Ages of everyone living in you household Include yourself and the child listed above.

SOCIAL SECURITY MEMBERS: Print the Social Security Number of each adult age 21 or older. If an adult does not have a Social Security Number, print "None" next to their name.

INCOME: List all income received last month on the same line with the person who received it. List each amount of You must list the gross income BEFORE all deductions for taxes, social security.

LIST ALL HOUSEHOLD MEMBERS

MONTHLY INCOME

NAME		AGE	SECURITY NUMBER	Total Earnings from Work (Before Deductions) Include All Jobs	Social Security (Green/Gold ck.) Pensions Retirement	Unemployment/ Workmen's Compensation Strike Benefits	Welfare (AFDC ADC) Child Support Alimony	All Other Income Received Last Month
Last	First							
1.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
8.	_____	_____	- -	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Do you receive food stamps? _____ Food Stamp Case No. _____

NAME AND ADDRESS:

Print Name

Street **Apartment No.**

City **State** **Zip Code**

Home Telephone **Work Telephone**

SIGNATURE:

I understand that all the above information is true and correct, that all income is reported, and that school officials may Verify the information on the application.

X _____
Signature of Parent or Adult Family Member

Date

FOR SCHOOL USE ONLY - - DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY PRINCIPAL BEFORE SUBMITTING TO FEE WAIVER COMMITTEE:

Total Household Size: _____ Total Income: \$_____ Monthly: Annually: or Food Stamp Household

Eligibility Recommendations: Approved Approved Reduced Fee(s) Denied

Signature of Principal _____ Date: _____

Signature of Chairman, Fee Waiver Committee

Date: