

**MOORE COUNTY SCHOOLS
CONFIDENTIAL FEE/CHARGE WAIVER
OR REDUCTION REQUEST FORM**

Name of Student: _____ Grade of Student: _____

School: _____ Date: _____

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Pursuant to Moore County Board of Education Policy 6805, and as the parent or legal guardian for the student identified above, I hereby request a fee waiver or reduction due to economic hardship. I have attached supporting documentation and provided any relevant explanation of economic hardship. I understand that this request and supporting information will be handled confidentially by Moore County Schools staff.

Description, Date & Amount of Fees or Charges:

Description of Fee/Charge: _____

Date of Fee/Charge: _____ Amount of Fee/Charge: _____

Fee/Charge Assessed By: _____

Nature of Request:

I am requesting these fees/charges be (check one): Waived Reduced to: _____

Reason(s) for Request: Total number in family: _____

Total family income before deductions: _____ Yearly Monthly Weekly

Attach supporting financial documentation for the basis of this request.

Check if your child(ren) are receiving free/reduced meals and attach documentation.

Parent/Legal Guardian Signature

Date

FOR SCHOOL USE ONLY	
This waiver request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Reduced to: _____ <input type="checkbox"/> Denied	
Reason: _____	
_____ Signature of Principal	_____ Date