

FOX POINT-BAYSIDE SCHOOL DISTRICT  
Application for Waiver of Student Registration Fees

Parent or Guardian: To apply for waiver of student fees for your child(ren), please complete the information on this form and mail to Cara Staub at 7300 N. Lombardy Road, Fox Point, WI 53217 or return to the school.

1. Child(ren) for Whom Application is being made

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Name of Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

3. List total number in family (household): \_\_\_\_\_ **(Must be filled in)**  
Do not include those members who no longer are family dependents.

4. Total Household Income **Before** Deductions (Include Wages of All Working Members, Welfare Payments, Pensions, Social Security, and All Other income of the total number in family noted above.)

**Enter only one total amount below.**

Yearly: \$ _____	Monthly: \$ _____
Every 2 weeks: \$ _____	Weekly: \$ _____

If your gross family income exceeds the amount indicated on the family income scale in the Parental Notice and you wish to apply under any of the four special hardship conditions cited there, complete the following in addition to reporting total income in item 4 above.

	<b>Cost of Special Hardship</b>	
Special Hardship Condition	Monthly	Yearly
<input type="checkbox"/> Unusually high medical bills not covered by insurance	\$ _____	\$ _____
<input type="checkbox"/> Shelter costs in excess of 30% of income	\$ _____	\$ _____
<input type="checkbox"/> Uninsured disaster or casualty losses	\$ _____	\$ _____
<input type="checkbox"/> Special educational expenses due to mental or physical condition of child	\$ _____	\$ _____

I HEREBY CERTIFY that all of the information furnished above is true and correct to the best of my knowledge. I understand that determining officials may for cause verify the information, and that deliberate misrepresentation of information may subject me to prosecution under applicable State criminal statutes.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Fees**

Please see the Infinite Campus Portal > Fees, for the registration fee assigned for your student(s) grade level. This fee is part of the general cost of educating your child and is the only fee eligible for waiver. Any other fees cannot be waived and are a parental/guardians responsibility.

Your child(ren) may be eligible for a Waiver of Fees if your child receives free lunch. Your child may also be eligible for a Waiver of Fees if you have unusually high medical bills, shelter costs exceeding 30% of your income, special education expense due to mental or physical condition of the child, or disaster or casualty losses. If you have a foster child(ren) living in your household who are the legal responsibility of a welfare agency, he/she may also be eligible for these benefits. Each foster child is to be considered as a family of one if application is made.

FOR SCHOOL USE ONLY

- APPROVED FOR WAIVER OF STUDENT FEES
- DENIED FOR THE FOLLOWING REASON:

Signature of Determining Official	Date
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