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 Bell at 601 E. Ellsworth Lane, Bayside, 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, 2	Zip
3.	List total number in family (household): Do not include those members who no longer are		led in)
4. Total Household Income Before Deductions (Include Wages of All Working Members, Welfar Pensions, Social Security, and All Other income of the total number in family noted above.)			
	Enter only one total amount below.		
Yearly: \$			y: \$
	Every 2 weeks: \$	Weekly	/: \$
to	cour gross family income exceeds the amount indicated apply under any of the four special hardship condition item 4 above. Special Hardship Condition Monthly or Unusually high medical bills not covered by in Shelter costs in excess of 30% of income Uninsured disaster or casualty losses Special educational expenses due to mental or	ions cited there, complete t Yearly	he following in addition to reporting total Cost of Special Hardship
un	EREBY CERTIFY that all of the information furnish derstand that determining officials may for cause veormation may subject me to prosecution under apple.	erify the information, and th	at deliberate misrepresentation of
Siç	gnature of Parent/Guardian		Date:
Ple	adent Fees ease see the Infinite Campus Portal > Fees, for the e is part of the general cost of educating your child a waived and are a parental/guardians responsibility.	and is the only fee eligible t	
for ed fos	ur child(ren) may be eligible for a Waiver of Fees if a Waiver of Fees if you have unusually high medic ucation expense due to mental or physical condition ter child(ren) living in your household who are the l gible for these benefits. Each foster child is to be co	cal bills, shelter costs exceed n of the child, or disaster of legal responsibility of a well	eding 30% of your income, special casualty losses. If you have a fare agency, he/she may also be
	FOR SCH APPROVED FOR WAIVER OF STUDENT FEES DENIED FOR THE FOLLOWING REASON:	HOOL USE ONLY	

Date

Signature of Determining Official