

# School Fee Waiver Application

- NO Fees may be charged for activities during the regular school day in grades K-6. Fees for activities held outside of the regular school day are subject to fee waivers.
- Fees shall be suspended while the fee waiver is under consideration and during the appeal of a denial of a fee waiver is in process.
- Upon approval, school fees shall be waived up to the LEA's established dollar amount cap, and trip waivers are limited to no more than two trips per student per year. A parent/student cannot be required to agree to an installment payment plan, or sign an IOU in place of a waiver. However, an LEA may provide service alternatives to satisfy a fee requirement, and a student requesting a waiver for a second trip must complete an action plan that includes school-related contributions.
- For additional information read "School Fees Notice Grades 7-12" or "School Fee Notice Grades K-6".

## Student Information:

Name of student: \_\_\_\_\_ Student #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade level: \_\_\_\_\_  
 Name of parent: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Basis for Fee Waiver:

Please check the eligibility that applies: (only 1 is needed)		Verification to submit: *
<input type="checkbox"/>	1. Family receives - Temporary Assistance for Needy Families (TANF), Family Employment Program (FEP), or Supplemental Nutrition Assistance Program (SNAP)	• benefit verification from the Utah Department of Workforce Services for the period for which the fee waiver is sought which may be in the form of an electronic screenshot of eligibility determination or status.
<input type="checkbox"/>	2. Student receives Supplemental Security Income (SSI) for a qualified disability (fees waived for student with disability only)	• benefit verification documents from the Social Security Administration.
<input type="checkbox"/>	3. Student qualifies for McKinney-Vento.	• verified through the district or charters McKinney-Vento Liaison.
<input type="checkbox"/>	4. Student is in Foster Care (under Utah or local governmental supervision)	• the youth in care required intake form and school enrollment letter, provided by a case worker from the Utah Division of Child and Family Services or the Utah Juvenile Justice Department.
<input type="checkbox"/>	5. Student is in State Custody	
<input type="checkbox"/>	6. Student is eligible based on family/household income verification. Provide summary of income on page 2.	• family income verification in the form of pay stubs or tax returns.

If none of the above apply but you wish to apply for fee waivers because of other extenuating circumstances, please state the reason(s) for the request in the box below:

Submit completed application and verification documents\* to the school's Principal/School Director or School Fee Administrator .

I HEREBY CERTIFY THAT THE INFORMATION AND ATTACHED DOCUMENTATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

# COMPLETE THIS PAGE ONLY IF OPTION #6 WAS SELECTED UNDER THE BASIS FOR FEE WAIVER SECTION

## INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS:

Household income is determined by adding all household income from all sources and then comparing it to the number of people in the household. Definition of a household: a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit. This means they generally reside in the same house and share expenses such as rent, utilities and food.

List all **MONTHLY** income before deductions in the appropriate column(s).

Name: First	Last	Earnings from Work (before deductions)	Pension/Retirement Social Security	Assistance, Alimony, Child Support	Other Income	Total Monthly Income Per Person
1		\$	\$			\$
2		\$	\$			\$
3		\$	\$			\$
4		\$	\$			\$
		Household size: <input type="text"/>		Total Household Monthly Income: \$		<input type="text"/>

## EXAMPLES OF INCOME:

Earnings from Work	Pension/Retirement, Social Security	Assistance, Alimony, Child Support	Other Income
Wages, salaries and tips, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, Social Security income, retirement payments, Social Security Income (including SSI a child receives)	SNAP, FEP, TANF payments, welfare payments, alimony, and child support payments	Disability benefits; interest & dividends; income from estates, trusts, and investments; regular contributions from persons not living in the household; net royalties and annuities; net rental income; any other income

## INCOME ELIGIBILITY GUIDELINES

For School Year:

July 1, 2026 - June 30, 2027

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,748	1,729	865	798	399
2	28,132	2,345	1,173	1,082	541
3	35,516	2,960	1,480	1,366	683
4	42,900	3,575	1,788	1,650	825
5	50,284	4,191	2,096	1,934	967
6	57,668	4,806	2,403	2,218	1,109
7	65,052	5,421	2,711	2,502	1,251
8	72,436	6,037	3,019	2,786	1,393
For each additional family member, add:	7,384	616	308	284	142

# Fee Waiver Decision and Appeal Form

To the parent or legal guardian of: \_\_\_\_\_

Your application for fee waiver has been:

Approved - ALL fees will be waived for the \_\_\_\_\_ school year.

Denied - for the following reason:

Your child does not qualify under any of the eligible categories.

You have not provided the documentation necessary to determine if your child qualifies for fee waivers.

Other: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of school employee)*

## Parental Appeal Rights:

**IF YOU DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL.** To appeal, send a letter (or the Notice of Appeal form printed at the bottom of this page) to the principal/charter school director, explaining why you disagree with this decision. Include your name, your child's name, and the date. **YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE.** *Keep a copy of the appeal for your records.* A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the districts'/charter schools' Fee Waiver Appeals Policy containing a complete statement of policies and procedures for appeals.

**ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.**

## Notice of Appeal:

I, \_\_\_\_\_ wish to appeal the decision regarding my application for school fee waivers for the following reasons:

My child's name is: \_\_\_\_\_

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

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

*(Signature of person submitting the appeal)*

School Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_