FEE WAIVER APPLICATION (GRADES K-6)

Please read the School Fees Notice before completing this Application!

No elementary school child may be charged for anything that takes place or is used during the regular school day. That includes textbooks, classroom equipment and supplies, musical instruments, field trips, assemblies, and snacks which are not part of the school lunch program. Fees can only be charged for programs which take place before or after school or during school vacations (or for things used in those programs). But all of those fees must be waived for eligible children. Fees may be charged to students in sixth grade only if the student attends a school that includes one or more 7-12 grades.

All information on this application will be kept confidential

		ORMATION AND BASIS FOR FEE WAIVERStudent #:			
School:	_	Grand	ade level:		
			luci		
Please check if applicable: (attach supporting documents	s for each category that applies)			
Student receive Family receive	es (SSI)* Supplemental Sectors TANF (currently qualified oster Care (under Utah or lo	ation. (See Section D, Page 2 of 2) urity Income (QUALIFIED CHILD) for financial assistance or food stancal governmental supervision)			
*Please note: Stud	lents who receive Survivor I	Benefits Do Not Qualify for the SSI	category listed above.		
	vith requirements consistent	cumentation in the form of income t with state law and school district/ch			
If none of the above apply by problems, please state the re-		waivers or other help with school f	ees because of serious financia		
all of those fees will be waiv	schedule and list all fees that ed. Costs for lost or damag	you wish to have waived. If your st ged school property or for school pi sh to have all applicable fees waive	udent is eligible for fee waivers. ctures, yearbooks, and similar		
Fee Description	Amount	Fee Description			
payments will be suspende given notice of the decision. to require DOCUMENTAT policies and/or guidelines for for a waiver, the school can I HEREBY CERTIFY TO AND CORRECT TO TH PERMISSION TO USE	ed until the school has dec The school shall require y ION of fee waiver eligibility or determining required docu not require you to agree to a HAT THE INFORMATION E BEST OF MY KNOWI THIS FORM AS A RE	Director or School Fee Coordinator ided if your student is eligible for ou to prove eligibility. State law recy if parent "applies for fee waivers." Immentation for eligibility for fee wai in installment payment plan or sign at ON AND DOCUMENTATION I HEDGE AND BELIEF. I ALSO CLEASE TO OBTAIN INFORM	when it is complete. All fee fee waivers. You will then be quires schools or school districts Local/charter boards will have vers. If your student is eligible in IOU in place of a waiver.		
VERIFICATION OF ELI					
DATE:		GUARDIAN'S SIGNATURE			
USBF 5/18/18					

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Section B: INCOME VERIFICATION FOR ALL HOUSEHOLD MEMBERS (Required for students who do not qualify based on a special category.) LIST ALL INCOME BEFORE DEDUCTIONS IN THE APPROPRIATE COLUMN(S) ON SAME LINE AS RECEIVER.

Convert to monthly income: (weekly) multiply by 4.33; (every two weeks) multiply by 26 divide by 12; (twice a month) multiply by 2; and (annually) divide by 12

The last income tax return or the last three pay stubs, or both, if available, of each household member are required to be attached to this form.

NAME			Familiana (managana)	Danaian /Datinamant	Malfana al'accasa	Others's server	Total loss Askalt
NAME			Earnings from work	Pension/Retirement	Welfare, alimony	Other income	Total by Adult
Last	First	M.I.	(before deductions)	Social Security	child support	2nd job, etc.	Monthly
		(also known	·	·			
		as)	Job 1 Monthly	Monthly	Monthly	Monthly	Income
1			\$	\$	\$	\$	\$
2			\$	\$	\$	\$	\$
3			\$	\$	\$	\$	\$
4			\$	\$	\$	\$	\$
5			\$	\$	\$	\$	\$
6			\$	\$	\$	\$	\$
7			\$	\$	\$	\$	\$
8			\$	\$	\$	\$	\$

Total number of ALL PEOPLE living in household _____

Section C. EXAMPLES OF INCOME

Earnings from Work	Pension/Retirement	Welfare, Alimony	Other
	Social Security	Child Support	Income
Wages, salaries and tips, strike benefits, unemployment comp., workers' comp, net income from self-owned business or farm	Pensions, supplement, security income, retirement payments, Social Security Income (including SSI a child receives)	TANF payments, welfare payments, alimony, and child support payments	Disability benefits; cash withdrawn from savings; 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

Section D. INCOME ELIGIBILITY GUIDELINES July 1, 2018 to June 30, 2019

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,782	1,316	658	607	304
2	21,398	1,784	892	823	412
3	27,014	2,252	1,126	1,039	520
4	32,630	2,720	1,360	1,255	628
5	38,246	3,188	1,594	1,471	736
6	43,862	3,656	1,828	1,687	844
7	49,478	4,124	2,062	1,903	952
8	55,094	4,592	2,296	2,119	1,060
For each additional family member, add:	5,616	468	234	216	108

In lieu of income verification, attach supporting documents to this form for each special category that applies. For TANF (financial assistance or food stamps) attach a letter of decision covering the current period from Workforce Services.

For SSI (QUALIFIED CHILD WITH DISABILITIES), attach the benefit verification letter from Social Security. For State custody or foster care provide the "youth in custody required intake form" and/or "school enrollment letter" provided by the case worker from DCFS or Juvenile Justice Department. This form and all supporting documents will be destroyed after the approval process is complete.