

**ORANGE COUNTY SCHOOLS**  
**CONFIDENTIAL**  
**FEE WAIVER OR REDUCTION REQUEST FORM**

Name of Student(s): _____	Grade of Student: _____
Name of Parent/Guardian: _____	Date: _____
School: _____	
Parent/Guardian Address: _____	Parent/Guardian Phone: _____

Pursuant to Orange County Board of Education Policy 4600: *Student Fees*, 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 understand that, by policy, this request and any supporting information will be handled confidentially by OCS staff.

**Please select the appropriate box for your specific request(s):**

- I am requesting that all district imposed fees be waived; OR
- I am requesting that the following district imposed fee(s) be waived; OR
- I am requesting that the following fee(s) be reduced.

**Description & Amount of Fee**

Description of Fee(s): \_\_\_\_\_

Date Fee(s) Assessed: \_\_\_\_\_

Fee(s) Assessed By: \_\_\_\_\_

Amount of Fee(s): \_\_\_\_\_

**Reason(s) for Request:** I am requesting this fee waiver or reduction on the basis that (check one):

- The student's total family unit has a monthly income from all sources other than from governmental agencies which is less than that shown in tables developed and supplied annually by the U.S. Office of Management and Budget as the official poverty threshold and are used by the Orange County Department of Social Services in determining eligibility for food stamps.
- The fee otherwise imposes a real economic hardship.

(Use reverse side of form to explain the basis for this request in more detail. Please attach any supporting documentation.)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Reasons(s) for Request, continued.**

(Please include any information you wish to be considered in the space provided. You may attach additional sheets and/or supporting documentation.)