

**ORANGE COUNTY SCHOOLS  
CONFIDENTIAL APPLICATION FORM WAIVER OR REDUCTION**

Student Name: _____	Grade: _____
Name of the parent or caregiver: _____	Date: _____
School: _____	
Address: _____	
Telephone Number: _____	

Pursuant to Policy 4600 Orange County Board of Education: Student fees, and as the parent or legal guardian of the student identified above, hereby request a waiver or reduction of fees due to financial hardship. I understand that, by policy, this request and any supporting information will be handled confidentially by OCS staff.

**Select the box corresponding to your specific application (s):**

- I am requesting that all fees imposed by the district be waived; OR
- I am requesting that the following fees imposed by the district be waived; OR
- I am requesting that the following rates be reduced.

**Description and amount of fee Rate**

Description: Technology fee Fee

amount: \$ 20

**Reason for request:** I request this exemption or reduction of fees based on (mark one):

- The total family unit of the student has a monthly income from all sources other than government agencies that is less than that shown in the tables developed and provided annually by the US Administration and Administration Office. The budget as the official poverty threshold and are used by the Department of Social Services of Orange County in determining eligibility for food stamps.
- The fare otherwise imposes a real economic difficulty.

\_\_\_\_\_  
Signature of Parent or Caregiver

\_\_\_\_\_  
Date