**FEE WAIVER APPLICATION (GRADES K-6)**

**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.

**All information on this application will be kept confidential.**

Name of student:

School: Grade level:

Name of parent/guardian:

Please check if applicable:

\_\_\_\_\_ Student is eligible for Free School Uniform

\_\_\_\_\_ Student receives Supplemental Security Income (SSI)

\_\_\_\_\_ Family receives Aid to Families with Dependent Children (AFDC)

\_\_\_\_\_ Student is in Foster Care (under Utah or local governmental

supervision)

\_\_\_\_\_ Student is in State Custody

If none of the above apply, or you believe your family assets exceeds the Statewide Family Assets Test, but you wish to apply for fee waivers or other help with school fees because of serious financial problems, please state the reason(s) for the request:

(If you need more space, please continue on the back of this page)

Please check the school fee schedule and list all fees that you wish to have waived. If your student is eligible for fee waivers, all of those fees will be waived. **Cost for lost or damaged school property or for school pictures, yearbooks, and similar things are not fees and will not be waived.** If you wish to have all applicable fees waived, please write “all” in the “Fee Description” column.

Fee Description Amount Fee Description Amount

Please give this application to the Principal when you have finished filling it out. **All fee payments will be suspended until the school has decided if your student if eligible for fee waivers.** You will then be given notice of that decision. **The school may require you to prove eligibility.** If your student is eligible for a waiver, the school cannot require you to agree to an installment payment plan or sign an IOU in place of a waiver.

**I HEREBY CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GIVE SCHOOL OFFICIALS PERMISSION TO USE THIS FORM AS A RELEASE TO OBTAIN INFORMATION NECESSARY FOR VERIFICATION OF ELIGIBILITY.**

**Date: Parent’s/Guardian’s Signature:**

FEE WAIVER ASSETS TEST QUESTIONNAIRE

**NOTE:** If you qualified for the current school year for FREE school lunch through direct certification (e.g., you are certified eligible by the Department of Human Services, receive food stamps or AFDC payments), you need not complete this form; you are automatically qualified for fee waivers. IF NOT, complete this form and contact Timpanogos Academy’s principal.

Student(s) for whom application is being made:

Name Grade

## INFORMATION ABOUT FAMILY ASSETS

1. Please list the following owned, leased or being purchased by you or any member of your family who lives in your home if the vehicle has a current market value in excess of $1,000.

Current Amt. Equity

Make Year Value Owed Value

Car(s)

Truck(s)

Motorcycle (if

Regularly used for

Transportation)

TOTAL $

1. How many licensed adult drivers (over 18) who are in your immediate family live in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If a member of your immediate family, who is under age 18 and lives in your home, regularly drives a car, truck or motorcycle, please explain why:
3. Please list any homes or real property **other than the home in which you are now living** that you or a member of your immediate family who lives in your home owns or is buying, and the approximate equity value that you or that person has in the property.

Property Owner Equity Value

1. Please list the current value of any of any of the following owned by you or a member of your immediate family living in your home:

Type Amount Type Amount

Savings Accounts Credit Union Accounts

Time Certificates Cash on Hand

Average Monthly Balance of

Personal Checking Account Money Market Certificates

Stocks/Bonds Trust Funds

IRA/KEOGH/401K TOTAL $

1. Please list any of the following owned, leased or being purchased by you or any member of your immediate family living in your home:

Current Amt. Equity

Make Year Value Owed Value

Snowmobile

Motor Home

Motorcycle

Boat/Motor

Dune Buggy

ATV

Camper/Trailer

TOTAL $

## SUMMARY OF ASSET VALUES

1. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Total value of all assets listed under numbers A.4, A.5, and A.6.
2. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Total value of any vehicles listed under number A.1 which are not:
3. used as the primary means of transportation by a member of your immediate family;
4. used solely for work by a member of your immediate family; or
5. used by a student as essential transportation for work or school because school or public transportation is not reasonably available.

## AFFIRMATION OF ACCURACY

I (please print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read this Questionnaire, or had it read to me. I understand the questions. Under penalty of perjury, I swear that the answers I have given on this questionnaire are true and correct. I am the person whose name is signed below. I understand that I may request a fair hearing if I disagree with a decision made on the basis of this application. I also understand that failure to provide the information requested by this Questionnaire may result in denial of the fee waiver application, and that the school district may require verification of any information provided in this questionnaire.

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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