

WEST VALLEY SCHOOL DISTRICT No. 208 Student Fee Waiver Request

Date: _____ Location: _____

Student's Name: _____

Fee: _____ Fee Amount: _____

Detailed reason for requesting fee to be waived:

Student qualifies for free/reduced lunches as approved by the Child Nutrition Department.

Requestor's Signature Date: _____

REQUEST APPROVAL:

Principal's Signature Date

Asst. Superintendent for Finance & Operation Signature Date

Superintendent's Signature Date

Board Policy 3520states:

The Board delegates authority to the Superintendent to establish appropriate fees and procedures governing the collection of fees and to make annual reports to the Board regarding fee schedules. Arrangements shall be made for the waiver or reduction of fees for students whose families, by reason of their low income, would have difficulty paying the full fee. The USDA Child Nutrition Program guidelines shall be used to determine qualification for waiver. The Superintendent shall establish a procedure for notifying parents of the availability of fee waivers and reductions.