OPERATIONAL SERVICES

Exhibit – Response to Application for Fee Waiver, Appeal, and Response to Appeal

Response to Application for Fee Waiver (To Parents/Guardians)

_______________________________________________________________________________________

Student’s Name (please print)                  School

☐ Request granted   ☐ Request denied for the following reason(s):

_______________________________________________________________________________________

If your request was denied, you may appeal in writing by completing the following portion of this form and submitting it to the Superintendent within 14 days of your receipt of this decision. If you appeal this decision, you have the right to meet with the Superintendent or designee to explain why the fee waiver should be granted. You may reapply at any time if circumstances change.

_____________________________________________    _________________________________

Building Principal or Office Staff Member                  Date

Appeal of the Denial of a Fee Waiver (To be submitted to the Superintendent)

☐ I am exercising my right to appeal the Building Principal’s denial of my request to waive the school student fee described above.

☐ I would like to explain why the fee waiver should be granted during a telephone conversation or during a meeting with the person who will decide my appeal. (If you check this box, someone from the Superintendent’s office will contact you to make arrangements.)

________________________________________  _________________________________________

Parent/Guardian (please print)                  Telephone Number

________________________________________  _________________________________________

Signature                  Date

The Superintendent’s office will notify you in writing of the results of your appeal within 30 calendar days of receipt of your appeal.

Response to Appeal of Fee Waiver Denial (To parent(s)/guardian(s))

☐ Appeal received on:_____________________________

☐ I have reviewed your appeal

☐ Request granted   ☐ Request denied for the following reason(s):

________________________________________  _________________________________________

Superintendent                  Date

Adopted 9-16-87
Revised 7-18-05
Revised 10-17-16