



REQUEST FOR FINANCIAL ASSISTANCE
Migrant Education Program
For School Fees

STUDENT NAME: _____

SCHOOL: _____ GRADE: _____

HOME ADDRESS: _____

PHONE #: _____ STUDENT ID#: _____

PARENT/GUARDIAN NAME: _____ OCCUPATION : _____

EMPLOYER: _____ WORK PHONE: _____

REQUEST INFORMATION

School fee(s) you are requesting assistance for:

Please explain why the fee should be waived or reduced:

Have other sources of assistance been sought through the school site: Yes No

| Item or Service | Quantity | Cost | Amount Requested |
|-----------------|----------|------|------------------|
| | | | |
| | | | |
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| | | | |

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY DISTRICT ADMINISTRATION

FEE SCHEDULE:

Amount of fee(s): _____

Amount of fee(s) to be waived _____

Amount paid: _____

TOTAL BALANCE DUE: _____

District Approval: _____ Date: _____

Verified with School Counselor Paid through Bookstore Manager _____ (date paid)

Fees Paid by: _____

*Funds available are dependent on allocated grant funds from year to year. Priority will be given to first-time requests in the current school year and to those demonstrating a financial need.

*Fee waiver forms must be submitted to the Federal Programs Office for review. Approved waiver forms must be maintained in the Federal Programs Office.