

WAIVER OF SCHOOL FEES

Dear Parent:

If you are currently receiving funds from Temporary Assistance for Needy Families (TANF) or Ohio's Disability Assistance Program, you are eligible for a waiver for any fees associated with participation in a course of study. (The waiver shall not apply for fees charged for participation in co-curricular or extra-curricular activities.)

If you believe you are eligible for this waiver please complete this form and return it promptly to

_____. If you have any questions, contact
_____ at _____.

I, _____ (parent or guardian) believe my child (please provide the name of each child you have in school for whom you receive disability funds) is eligible for waiver of fees.

(Name)

(Name)

(Name)

I voluntarily disclose the following information to enable the School District to determine eligibility for this waiver.

___ I currently receive assistance from TANF:

TANF Case Number _____

___ I currently receive funds from the State's Disability Assistance Program:

Case Number _____

Signature of Parent or Guardian

Date