

Anchorage School District
Fee waiver application 2017-18

Student name _____ Grade _____

Student ID# _____

Parent signature _____ Date _____

I certify the financial information listed below is correct and agree to provide verification if asked by the school administration. The school administrator will review your application and determine eligibility.

Confidentiality: The information provided on this completed application is strictly confidential. Personal income information is not shared.

Family size _____

Family income _____

Family address _____

OFFICE USE ONLY

- Verified EDS information
- Approved by principal
- Denied by principal

Activity clerk signature _____ Date _____

Principal signature _____ Date _____

Principal will keep this copy on file at the home school.