

Anchorage School District
Fee waiver application

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 _____

STUDENT MUST HAVE PAYMENT OR THIS FORM TO PARTICIPATE
FEE WAIVERS ARE ONLY APPROVED BASED ON INCOME
DECLARED DURING REGISTRATION

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.