

Anchorage School District  
Fee waiver application 2016–17

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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.