

SCHOOL DISTRICT OF WAUKESHA
Waukesha, WI

HOUSEHOLD REQUEST FOR WAIVER OF BOOK/MATERIAL FEE

Complete one application per household.

Child's First Name	Child's Last Name	School	Grade	Outstanding Amount
				\$
				\$
				\$
				\$
				\$
			Total	\$

Are you eligible and receiving free/reduced lunch? Yes No

Are you currently on a payment plan for school fees? Yes No If no, explain:

State briefly why you are requesting this waiver:

What financial hardship would payment of this fee cause your family?

Do you owe other fees from the school district that have caused hardship? If so, explain:

Parent Name (First, Last)		Occupation	
Address		Phone	
Signature			Date

Do not write below this line

Request Approved

Request Denied

Signature of Administrator

Date

Return this form to the District Business Office

222 Maple Ave, Waukesha, WI 53186

Email to: jhuinker@waukesha.k12.wi.us