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**APPLICATION FOR WAIVER OF STUDENT FEES**  
 \_\_\_\_\_ **SCHOOL YEAR**

Ohio law provides that students receiving OWF (Ohio Works First), Aide for Dependent Children, Food Stamps or Medical Insurance may be eligible for a waiver of fees. (This waiver does not include Social Security Disability or Supplemental Social Income.)

**The waiver includes fees "for any materials needed to participate fully in a course of instruction."** The waiver does not include such fees as: extracurricular activities, student fines, non-curricular field trips, school pictures, school meals, summer school costs, or enrichment programs that are not a course of instruction. **An application for waiver of fees must be filed each school year.**

Please complete this application if your child(ren) is eligible for a fee waiver for the school year.

<b>PART I</b>	(PLEASE PRINT)	For Office Use Only
<u>NAME OF CHILD</u>	<u>GRADE</u>	<u>SCHOOL ATTENDING</u>
<u>STUDENT I.D. NUMBER</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOOD STAMP CASE NUMBER

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OWF CASE NUMBER

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_____	_____	_____
Print Name of Parent/Legal Guardian	Street Address	Zip Code
Phone number where you can be reached during the day _____		

My signature certifies that the above information is true and correct, and I understand that school official may verify the information on this application.

_____	_____
Signature Parent/Legal Guardian	Date

As the caseworker, my signature verifies the student(s) listed above is/are receiving (type of assistance)

\_\_\_\_\_ through Montgomery Co. Job & Family Services. If caseworker is not available, we will accept the most recent "Proof of Eligibility" documentation in lieu of signature. (***Documentation cannot be more than 45 days old.***)

_____	_____	_____
Signature Case Worker	Phone Number	Date

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**PART II** Application Complete \_\_\_\_\_  
 Application Returned to Parent, Incomplete Data \_\_\_\_\_

_____	_____
Principal's Signature	Date

**PART III** Application Approved, Waiver Granted \_\_\_\_\_  
 Application Not Approved, Waiver Not Granted \_\_\_\_\_

_____	_____
Director of Student Services	Date