Operational Services

Exhibit - Response to Application for Fee Waiver, Appeal, and Response to Appeal

Student's Name (please print)	School
\square Request granted \square Request denied for the following reason(s):	
of this form and submitting it to the Suj	appeal in writing by completing the following portion perintendent. If you appeal this decision, you have the or designee to explain why the fee waiver should be f circumstances change.
Building Principal or Office Staff Men	nber Date
Appeal of the Deniel of a Fee Weiver	(To be submitted to the Superintendent)
Appear of the Demar of a rec warver	(To be successed to the superintensity)
<u></u>	al the Building Principal's denial of my request to
☐ I am exercising my right to appe waive the school student fee descri ☐ I would like to explain why the conversation or during a meeting	al the Building Principal's denial of my request to bed above. fee waiver should be granted during a telephone
☐ I am exercising my right to appe waive the school student fee descri ☐ I would like to explain why the conversation or during a meeting check this box, someone from the	al the Building Principal's denial of my request to bed above. fee waiver should be granted during a telephone with the person who will decide my appeal. (If you
☐ I am exercising my right to appe waive the school student fee descri ☐ I would like to explain why the conversation or during a meeting check this box, someone from the arrangements.) Parent/Guardian (please print) Signature	al the Building Principal's denial of my request to bed above. fee waiver should be granted during a telephone with the person who will decide my appeal. (If you e Superintendent's office will contact you to make Telephone Number Date y you in writing of the results of your appeal within
☐ I am exercising my right to appe waive the school student fee descri ☐ I would like to explain why the conversation or during a meeting check this box, someone from the arrangements.) Parent/Guardian (please print) Signature The Superintendent's office will notify 30 calendar days of receipt of your apprents.	al the Building Principal's denial of my request to bed above. fee waiver should be granted during a telephone with the person who will decide my appeal. (If you e Superintendent's office will contact you to make Telephone Number Date y you in writing of the results of your appeal within
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☐ I am exercising my right to appe waive the school student fee descri ☐ I would like to explain why the conversation or during a meeting check this box, someone from the arrangements.) Parent/Guardian (please print) Signature The Superintendent's office will notif 30 calendar days of receipt of your appears to Appeal of the Denial of a	al the Building Principal's denial of my request to bed above. fee waiver should be granted during a telephone with the person who will decide my appeal. (If you e Superintendent's office will contact you to make Telephone Number Date y you in writing of the results of your appeal within beal. Fee Waiver (To parent(s)/guardian(s)) insert date)

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Superintendent	Date

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