

FEE WAIVER DECISION AND APPEAL FORM



To the parent or legal guardian of: _____

Your application for fee waiver has been:

_____ Approved - ALL fees will be waived for the _____ school year.

_____ Denied - for the following reason:

_____ Your child does not qualify under any of the eligible categories.

_____ You have not provided the documentation necessary to determine if your child qualifies for fee waivers.

_____ Other: _____

Signed: _____ Date: _____

(Signature of school employee)

PARENTAL APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL. To appeal, send a letter (or the Notice of Appeal form printed at the bottom of this page) to the principal/charter school director, explaining why you disagree with this decision. Include your name, your child's name, and the date. **YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE.** *Keep a copy of the appeal for your records.* A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the districts'/charter schools' Fee Waiver Appeals Policy containing a complete statement of policies and procedures for appeals.

ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.

NOTICE OF APPEAL

I, _____ wish to appeal the decision regarding my application for school fee waivers for the following reasons: _____

My child's name is: _____

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

_____ Date: _____

(Signature of person submitting the appeal)

School Contact: _____ Phone Number: _____