

# 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: \_\_\_\_\_