



King William County Public Schools

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18548 King William Road
King William, Virginia 23086



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(804) 769-3312

FEE WAIVER REQUEST

Name of Student: _____ Grade: _____
Teacher: _____

Please complete Section One OR Two:

Section One:

I, _____ (Parent name), am requesting that my child's fees
for _____ be **waived**.

I am requesting this because one or more of the following applies:

- My child receives free lunch.
- My family is receiving unemployment benefits.
- My family is experiencing an economic hardship.
- I am caring for children in foster care.
- My family is homeless.
- My family receives Temporary Assistance for Needy Families (TANF), qualifies for the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), or Medicaid.

Name of Parent: _____

Parent Signature and Date: _____

Section Two:

I, _____ (Parent name), am requesting that my child's fees
for _____ be **reduced**.

I am requesting this because one or more of the following applies:

- My family is experiencing an economic hardship.
- My child receives reduced-priced lunches.

Name of Parent: _____

Parent Signature and Date: _____

