Fee Waiver Decision and Appeal Form

	r 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:		
		tation necessary to determine if your child qualifies for fee
	waivers.	tation necessary to determine it your entitle qualifies for rec
	Other:	
Signed:		Date:
	(Signature of school employee)	
Parental	Appeal Rights:	
Notice of Appelyou disagree w DELIVER YOUF records. A school to discuss your containing a co	al form printed at the bottom of this point this decision. Include your name, you appeal with this decision. Include your name, you appeal to representative will contact you with concerns. You will also be given a complete statement of policies and property in the property of the property in the property of the property in the prope	E THE RIGHT TO APPEAL. To appeal, send a letter (or the page) to the principal/charter school director, explaining why your child's name, and the date. YOU MUST MAIL OR HAND- SOF RECEIVING THIS NOTICE. Keep a copy of the appeal for your nin two weeks after receiving your appeal and schedule a meeting by of the districts'/charter schools' Fee Waiver Appeals Policy cedures for appeals. WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE DING YOUR APPEAL.
	• •	_ wish to appeal the decision regarding my application for
	vers for the following reasons:	_ wish to appear the accision regulating my application for
Please schedule been reached,		nderstand that all fees will be suspended until a final decision has cipate fully in all school activities during that time on the same
(Cia	nature of person submitting the appeal)	Date:
(319)	пасаге от регзон заотниту ите арреан	
School Contact	:	Phone Number: