

**SCHOOL DISTRICT OF SLINGER
STUDENT MATRICULATION FEE
WAIVER REQUEST
2017-2018**

Please provide the following to request a reduction of student matriculation fees:

Fees to be waived will be based on the same criteria as used for receiving free or reduced-price lunch meals. I understand that this information must be verified, therefore;

By checking this box , I give authorization to the Food Service Department to share the financial information from my Free and Reduced Meal Application with the Finance Department. *(If you do not wish to give authorization, please provide other documentation to support your financial hardship claim, I understand that this information may be verified)*

My child(ren) is (are) approved for: Free Lunch Reduced Lunch Neither

Parent/Guardian (print): _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Student Name	School Building	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2017-2018 matriculation fees are set at: PK – Grade 5 \$55.00 Grade 6 – 12 \$65.00

I request a reduction or waiver of the \$_____ matriculation fee for the 2017-18 school year because of financial need. I understand that this waiver of matriculation fee is only for the current school year.

Signature of Parent/Guardian _____ Date _____

**MAIL APPLICATION TO: SLINGER SCHOOL DISTRICT
207 POLK STREET, SLINGER, WI 53086, ATTN: BUSINESS OFFICE**

For more information call 262-644-9615.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

For Office Use Only

Approval Signature

Date