

**SCHOOL DISTRICT OF SLINGER
STUDENT MATRICULATION FEE
WAIVER REQUEST
2018-2019**

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: _____

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

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

2018-2019 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 2018-19 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 THE BUSINESS OFFICE:
207 POLK STREET, SLINGER, WI 53086, ATTN: BUSINESS OFFICE**

For Office Use Only

Approval Signature _____