

**SCHOOL DISTRICT OF SLINGER  
STUDENT ANNUAL FEE  
WAIVER REQUEST  
2023-24**

Please provide the following to request a reduction of the annual student 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2023-2024 annual student fees are set at:      PK – Grade 5    \$55.00      Grade 6 – 12    \$65.00

I request a reduction or waiver of the \$\_\_\_\_\_ annual student fee for the 2023-24 school year because of financial need. I understand that this waiver of the annual student 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.**

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- (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](mailto:program.intake@usda.gov).

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For Office Use Only

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Approval Signature

Date