Jefferson Parish School Economic Waiver for Student Fees			
School Name		Date	
Student's Name		Date of Birth	_//
Address		Telephone No. (	)
		Grade	
Parent's Name		Email Address:	
Waiver Requested for:		on of Fees	
associated with Before of extra-curricular activities Please check the reason Waivers are to be submit documentation may resumentation may	r After-care, class trips, items purch.  For your economic waiver request, a ted to the school counselor/social all tin a denial or delay in the appropulation of the school counselor.	Supplemental Nutrition Assistance  Medicaid  McKinney-Vento (Homeless- must medicate and submit documentation)	fees associated with ion for approval. Failure to submit  ce Program (SNAP)
Parent's Signature	TVE . LE	Date	<del>-</del>
*******	********	**********	******
Approved	Principal's Signature		Date
Denied*	Reason for denial		
*Denials must be forwar reviewed by the Complia		ppeal purposes within 3 days of the d	enial. Appeals will be
Copies of waiver request	s must be kept on file at the school	ol building for three calendar years.	