

**MADISON COUNTY SCHOOLS  
APPLICATION FOR WAIVER OF FEES OR REDUCED FEE PAYMENT  
FOR GRADES 9-12**

Student's Name \_\_\_\_\_ School Attended \_\_\_\_\_ Grade \_\_\_\_\_  
Last Name First Name

**COMMITTEE**

List all courses enrolled this year	List Fee Required (if any)	Check fee(s) you are requesting to be waived
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**TO BE COMPLETED BY FEE WAIVER**

Approved List   
  Approved Reduced   
  Denied

Reason for denial

Income too high  
 Incomplete application  
 Other

**HOUSEHOLD MEMBERS:** List the names and Ages of everyone living in you household Include yourself and the child listed above.

**SOCIAL SECURITY MEMBERS:** Print the Social Security Number of each adult age 21 or older. If an adult does not have a Social Security Number, print "None" next to their name.

**INCOME:** List all income received last month on the same line with the person who received it. List each amount of You must list the gross income BEFORE all deductions for taxes, social security

**LIST ALL HOUSEHOLD MEMBERS**

**MONTHLY INCOME**

NAME			SECURITY NUMBER	Total Earnings from Work (Before Deductions) Include All Jobs	Social Security (Green/Gold ck.) Pensions Retirement	Unemployment/ Workmen's Compensation Strike Benefits	Welfare (AFDC ADC) Child Support Alimony	All Other Income Received Last Month
Last	First	AGE						
1.	_____	_____	____-	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.	_____	_____	____-	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3.	_____	_____	____-	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.	_____	_____	____-	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5.	_____	_____	____-	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6.	_____	_____	____-	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7.	_____	_____	____-	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_

Food Stamp Case No. \_\_\_\_\_

**NAME AND ADDRESS:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Apartment No.

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Telephone Work Telephone

**SIGNATURE:**

I understand that all the above information is true and correct,  
that all income is reported, and that school officials may  
Verify the information on the application.

X \_\_\_\_\_  
Signature of Parent or Adult Family Member

\_\_\_\_\_  
Date

FOR SCHOOL USE ONLY - - DO NOT WRITE BELOW THIS LINE

**TO BE COMPLETED BY PRINCIPAL BEFORE SUBMITTING TO FEE WAIVER COMMITTEE:**

Total Household Size: \_\_\_\_\_ Total Income: \$\_\_\_\_\_  Monthly:  Annually: or  Food Stamp Household

Eligibility Recommendations:  Approved  Approved Reduced Fee(s)  Denied

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Chairman, Fee Waiver Committee

\_\_\_\_\_  
Date:

*The Madison County School District does not discriminate in admission, treatment, or access to programs or activities on the basis of race, color, national origin, religious preference, disability, age, gender, citizenship, non-English speaking ability, or homeless status. Students with disabilities will be provided with the same needed supports and services for extracurricular programs and activities that are provided during the school day, unless doing so would fundamentally alter the nature of the program and activity. Madison County School District Contact Person for Title IX and Section 504 Mr. Keith Trawick, Supervisor of Student Services, Madison County Schools, 1275 F Jordan Rd., Bldg. B, Huntsville, AL 35811, Telephone: 256.852.2557 Fax: 256.851.2127, Email Address: [ktrawick@mcscsk12.org](mailto:ktrawick@mcscsk12.org)*