

Arcadia Community School Student Fee Policy Request for Assistance/Waiver Form

Student _____

Activity _____

Indicate which necessary items are being requested:

And/Or

Indicate which fees are being requested to be waived:

The signature of a parent/guardian below indicates that the following are understood and agreed to:

1. Arcadia Public School will only provide a waiver or assistance in items that are included in the Arcadia Public School Board of Education's Student Fee Policy.
2. Any assistance/waiver must be pre-approved. No expenses will be reimbursed without authorization from the superintendent or his/her designee.
3. Any equipment or supplies that are not consumable are expected to be returned in good condition or the student's parent/guardian will assume responsibility for replacement. If you do not wish to assume that responsibility this application cannot be approved.
4. Approval of this application will be in accordance with state statute and District policy.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Date this application was received by the school: _____

Approval Status:

Approved

Denied

Superintendent's Signature

Date