

MAYSVILLE LOCAL SCHOOL DISTRICT

WAIVER OF SCHOOL FEES

(This form is to be filled out each school year for the current school year)

You will need to complete a form for each school age child in your household

Dear Parent or Guardian,

If you are currently receiving funds from Ohio Works First (OWF), Ohio's Disability Assistance Program or from the Social Security Administration (SSA) for a disability, you are eligible for a waiver for any fees associated with participation in a course of study. This waiver includes ACT, SAT, and PSAT exam costs. (The waiver shall not apply to fees charged for participation in extra-curricular activities.)

If you believe you are eligible for this waiver, please complete this form and return it promptly to your school office. (Receiving Food Stamps or Medicaid does not qualify you for this waiver.) If you have any questions, please contact the building principal.

I, _____ (parent or guardian)

Address: _____

Phone #: _____

believe my child is eligible for an exemption of school fees associated with a course of study. (Please provide the name or names of each child you have in school for whom you receive OWF, Ohio Disability Assistance, or SSA.)

Student Name

School Attending (MES, MMS, MHS)

I voluntarily disclose the following information and I understand the school district will contact the agencies listed to verify my eligibility.

_____ I currently receive funds from Ohio Works First:
OWF Case Number _____

_____ I currently receive funds from the State's Disability Assistance Program:
Case Number _____

_____ I currently receive funds from the Social Security Administration and **am providing proof of disability from the SSA for:**

_____ my disability _____ my child's disability

Parent's Social Security Number _____

Child's Social Security Number _____

Signature of Parent or Guardian

Date

****Return this completed form to building office.**

-----**For Office Use Only**-----

_____ Approved

_____ Not Approved