December 2018 4:140-E2

Operational Services

Exhibit - Response to Application for Fee Waiver, Appeal, and Response to Appeal

Response to Application for Fee Waiver (To parents/guardians)	
Student's Name (please print)	School
☐ Request granted ☐ Request denied for the following reason(s):	
form and submitting it to the Superinten	appeal in writing by completing the following portion of this dent. If you appeal this decision, you have the right to meet explain why the fee waiver should be granted. You may nge.
Building Principal or Office Staff Memb	per Date
during a meeting with the person w from the Superintendent's office wil	waiver should be granted during a telephone conversation or who will decide my appeal. (If you check this box, someone l contact you to make arrangements.)
Parent/Guardian (please print)	Telephone Number
Signature The Superintendent's office will notificalendar days of receipt of your appeal.	Date y you in writing of the results of your appeal within 30
Response to Appeal of the Denial of a I	See Waiver (To parent(s)/guardian(s))
Appeal received on: (insert d	late)
☐ I have reviewed your appeal.	
☐ Request granted ☐ Request den	nied for the following reason(s):
Superintendent	Date