

### Exhibit B—Application for Waiver of Fees

I, \_\_\_\_\_ (*name of student*), request a waiver of fees for \_\_\_\_\_ for the following reason(s):

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I, \_\_\_\_\_ (*name of parent or guardian*), understand that the District will waive fees only if a determination of eligibility, based on District guidelines, is made.

Student's signature: \_\_\_\_\_

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

Parent's or guardian's signature: \_\_\_\_\_

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

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#### ***For Office Use Only***

Approved

Not approved

Reason (*if not approved*):

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Principal's signature: \_\_\_\_\_

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