



# UNIVERSITY SCHOOLS

## AN INNOVATIVE SCHOOL DISTRICT

UNIVERSITY OF MEMPHIS

### University Schools Fee Waiver Application

**Purpose:** This form is for families who wish to apply for a waiver of school-related fees. Families can qualify for a waiver through two pathways: based on eligibility for free or reduced lunch or due to extenuating circumstances that affect their financial ability to pay fees.

**Instructions:** Complete the form and provide any required documentation. Incomplete forms may delay processing.

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#### Section 1: Student Information

- Student's Full Name: \_\_\_\_\_
- School: \_\_\_\_\_
- Grade Level: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Parent/Guardian Contact Information:
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_

#### Section 2: Fee Waiver Qualification Pathway

Please check the pathway under which you are applying for the fee waiver.

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##### Pathway 1: Free or Reduced Lunch Program

☐ My student qualifies for free or reduced lunch as certified through the district's nutrition program.

**Documentation required:** None, verification will be obtained through district records.

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##### Pathway 2: Extenuating Circumstances

☐ My family has experienced an extenuating circumstance affecting our ability to pay school fees.

Examples of extenuating circumstances include, but are not limited to:

- Job loss or significant reduction in income
- Unexpected medical expenses
- Natural disaster or other significant event since the start of the school year

**Please describe the extenuating circumstance** (attach an additional page if necessary):

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**Documentation:** University Schools may request documentation to verify the extenuating circumstance described above (e.g., termination letter, medical bills, insurance claim, etc.).

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### Section 3: Signature and Acknowledgment

By signing below, I certify that the information provided is true and accurate. I understand that submitting false information may result in denial of the fee waiver request.

- **Parent/Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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### For Office Use Only

- **Received by:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_
- **Verified Pathway:** Free/Reduced Lunch ☐ Extenuating Circumstance ☐
- **Additional Documentation Received:** Yes ☐ No ☐ N/A ☐

### Approval:

☐

Approved

☐ Denied

**Administrator's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_