

**Whitefish Bay High School  
FEE WAIVER FORM**

Parent or Guardian: Please complete this form and return it to:  
Mr. Shawn M. Yde  
Director of Business Services  
Whitefish Bay School District  
1200 East Fairmount Avenue  
Whitefish Bay, WI 53217

Note: Foster children, if they are the legal responsibility of a welfare agency, may be eligible regardless of family income. If you have foster children living with you and wish to apply for the benefits, complete this application form as a family of one showing only that income accruing to the family for the child's maintenance.

LIST NAME AND GRADE OF CHILDREN FOR WHOM APPLICATION IS MADE:

NAME OF CHILD	GRADE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL OTHER HOUSEHOLD MEMBERS:  
(List all related or unrelated persons who live in your household and share living expenses or meals. Include their social security numbers. Don't include children listed above.)

MEMBER'S NAME	SS#
_____	_____
_____	_____
_____	_____

Use reverse side if more space is required.

Total number of household members (children and adults listed above): \_\_\_\_\_

HOUSEHOLD INCOME – from all other household members listed above TOTAL PER MONTH

(Indicate source and amount of current income before deductions such as taxes, and social security. If you receive more than one check from any one of these sources, please indicate the total monthly amount received. Include self employment income as wages/salaries. Income earned by children listed above need not be included.)

Wages, salary.....	_____
Social Security.....	_____
Public Assistance.....	_____
Unemployment.....	_____
Child support.....	_____
Pension or Retirement.....	_____
Other.....	_____
<b>TOTAL MONTHLY INCOME</b>	_____

**PLEASE ATTACH A COPY OF LAST YEAR'S TAX FORMS - Required**

**Waiver will be returned unless a copy of last year's tax form is attached.**

I hereby certify that all of the above information is true and correct and that school officials may request verification of information provided on this application.

Signature of adult family member \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

FOR SCHOOL USE ONLY: \_\_\_\_\_ Approved Fee Waiver \_\_\_\_\_ Denied- Reason for denial \_\_\_\_\_

Determining Official \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_