

**TEXTBOOK FEE WAIVER FORM**

I, \_\_\_\_\_, hereby request Textbook Fee Waiver for the  
(Please Print)  
following student(s):

Child's Name (Last, First)	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List **all** household members:

Name (Last, First)	Age	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Food Stamp Case Number: \_\_\_\_\_

Total Household Monthly Income: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

**BOARD POLICTY #5090 STATES: AN APPLICATION FOR TEXTBOOK WAIVER SHALL BE MADE WITHIN ONE MONTH AFTER THE BEGINNING OF THE SCHOOL YEAR.**

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For Office Use:

FL: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_ Intitials: \_\_\_\_\_  
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