

Anchorage School District  
Fee waiver application

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Student ID# \_\_\_\_\_

Parent signatar \_\_\_\_\_ Date \_\_\_\_\_

I certify the financial information listed below is correct and I agree to provide verification if asked by the school

**STUDENT MUST HAVE PAYMENT OR THIS FORM TO PARTICIPATE**  
**FEE WAIVERS ARE ONLY APPROVED BASED ON INCOME**  
**DECLARED DURING REGISTRATION**

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OFFICE USE ONLY

- Verified EDS information
- Approved by principal
- Denied by principal

Activity clerk signature \_\_\_\_\_ Date \_\_\_\_\_

Principal signature \_\_\_\_\_ Date \_\_\_\_\_

Principal will keep this copy on file at the home school.