

**WEST BEND SCHOOL DISTRICT
REDUCTION OF STUDENT COSTS
APPLICATION FORM – 09-10**

Please provide the following to request a reduction of payment for **school materials, athletic costs and/or co-curricular costs** (all other costs are handled at the school level):

1. Complete this application form
2. Write on reverse side or attach a short letter explaining the reason for the request, **including your address and phone number**. Use only **ONE** waiver per school.

Along with the rationale in your letter, eligibility for costs to be waived or reduced by 50% will be based on the same criteria as used for receiving free or reduced-price lunch meals. Under special circumstances, the cost may be reduced or waived based on special hardship information to support the request. (Board Policy 6161)

School: (One application per school) _____

Student Name	Grade	Type of Cost	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

My child(ren) is (are) approved for: Free Lunch Reduced Lunch Neither

By checking this box , I give authorization to the Food and Nutrition Department to share the financial information from my Free and Reduced Meal Application with the Finance Department. (If you do not wish to give authorization, please provide other documentation to support your financial hardship claim.)

I hereby certify that all of the information furnished above is true and correct to the best of my knowledge. I understand this information may be verified.

Signature of Parent/Guardian _____ Date _____

**MAIL APPLICATION AND LETTER TO THE BUSINESS OFFICE:
735 SOUTH MAIN STREET, WEST BEND, WI 53095-3962, ATTN: CMR**

FOR BUSINESS OFFICE USE ONLY

- Approved for reduction of student costs in the amount of: \$ _____
- Denied for the following reason: _____

Date of Approval/Disapproval	Signature of Determining Official
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