

Free & Reduced Lab Fee Waiver

Student's Name X

PLEASE PRINT (First & Last Name)

My student qualifies for a free & reduced waiver recognized by Fayette County Public Schools.
This income based reduction has been in effect since X / X
(Date Effective) (Guardian Initial)

Parent/Guardian X

PLEASE PRINT (First & Last Name)

Current Address: X

PLEASE PRINT (Street, City, Zip Code)

Current Contact: X

PLEASE PRINT (Home, Work or Cell Phone / Email)

The information provided on this form is to the best of my knowledge accurate and complete. *Misrepresenting income and or using federal programs that I do not qualify for may incur penalties and disqualify my future participation in programs that provide assistance.*

Parent/Guardian X / X / 2014-15 School Year

Signature (First & Last Name) & Date

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