

Anchorage School District
Fee waiver application 2014–15

Student name _____ Grade _____

Student ID# _____

Parent signature _____ Date _____

I certify the financial information listed below is correct and agree to provide verification if asked by the school administration. The school administrator will review your application and determine eligibility.

Confidentiality: The information provided on this completed application is strictly confidential. Personal income information is not shared.

ASD fee waiver
 Income eligibility guidelines 2014–15

Family size _____

Family income _____

Family address _____

Household size	Yearly \$	Monthly \$	Weekly \$
1	26,973	2,248	519
2	36,371	3,031	700
3	45,769	3,815	881
4	55,167	4,598	1,061
5	64,565	5,381	1,242
6	73,963	6,164	1,423
7	83,361	6,947	1,604
8	92,759	7,730	1,784
Additional	9,398	784	181

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.