



WAIVER OF SCHOOL FEES APPLICATION

Dear Parent/Guardian: The Mentor Exempted Village School District assesses fees to families in order to purchase educational materials necessary in the instructional program. When some families have found it difficult to meet this obligation, the school has provided materials free of charge to those children whose families cannot afford to pay. The waiver of school fees will **NOT** apply for fees charged for participation in co-curricular or extra-curricular activities (such as 6th grade camp, athletics, band, etc.). The waiver of school fees will also **NOT** apply for lost or damaged textbooks.

Parents who cannot afford to pay the school fees because of personal family financial circumstances may apply for a waiver of the school fees. **Parents must present proof of receiving Ohio Works First (OWF), Ohio's Disability Assistance Program, or be approved for the Free or Reduced Lunch Program in order to qualify for a waiver of school fees. Social Security recipients are NOT eligible for this waiver according to State of Ohio guidelines.**

If you believe you are eligible for a waiver of school fees, please complete this form and return it promptly to your child's school or to the Office of Pupil Services at the Mentor Board of Education, 6451 Center Street.

If you have any questions, please contact the Coordinator of Related Services (440) 974-5246 at the Mentor Board of Education, 6451 Center Street, Mentor, Ohio 44060.

I, _____, (parent or guardian) believe my child is eligible for the waiver of school fees.

Please provide the name of each child you have in school and the school they attend this year.

Student Name	School
Student Name	School
Student Name	School

I voluntarily disclose the following information to enable the School District to determine eligibility for this waiver of school fees:

- I currently receive assistance from OWF. OWF Case Number: _____
- I currently receive funds from the State's Disability Assistance Program Case Number: _____
- I have submitted a Free & Reduced Price School Meals application

Signature of Parent or Guardian Date